

State: Colorado
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: HMO Small Group
Project Name/Number: January 2014 HMO Small Group Filing/

Filing at a Glance

Company: Rocky Mountain HMO
Product Name: HMO Small Group
State: Colorado
TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02G.004F Small Group Only - HMO
Filing Type: Rate
Date Submitted: 05/14/2013
SERFF Tr Num: LEIF-129012661
SERFF Status: Closed-Filed
State Tr Num: 278023
State Status: Filed
Co Tr Num: LEIF-129012661

Implementation: 01/01/2014
Date Requested:
Author(s): Julie Andrews
Reviewer(s): Nichole Boggess (primary), Cathy Gilliland, Michael Muldoon, Amy Filler, Rachel Plummer
Disposition Date: 08/09/2013
Disposition Status: Filed
Implementation Date: 01/01/2014

State Filing Description:
SERFF Binder Filing: RCKY-CO14-125000925

State: Colorado
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: HMO Small Group
Project Name/Number: January 2014 HMO Small Group Filing/

Filing Company: Rocky Mountain HMO

General Information

Project Name: January 2014 HMO Small Group Filing

Project Number:

Requested Filing Mode: File & Use

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 08/09/2013

State Status Changed: 07/30/2013

Created By: Julie Andrews

Corresponding Filing Tracking Number: RCKY-CO14-125000925

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments: Colorado is the state of domicile

Market Type: Group

Group Market Size: Small

Overall Rate Impact:

Deemer Date:

Submitted By: Julie Andrews

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions:

These plans will be offered on the state based exchange.
Please reference the additional information provided in the
Binder #RCKY-CO14-125000925

Filing Description:

January 2014: Initial filing of new HMO Small Group products. Rocky Mountain HMO will offer the new PPACA compliant small group HMO products for sale January 1, 2014.

Please reference additional information that may be found in the associated Binder #RCKY-CO14-125000925

Company and Contact

Filing Contact Information

Barry Barak, Director of Rating

Bbarak@rmhp.org

Rocky Mountain Health Plans

970-244-7978 [Phone]

2775 Crossroads Boulevard

970-248-5080 [FAX]

Grand Junction, CO 81506

Filing Company Information

(This filing was made by a third party - leifassociatesinc)

Rocky Mountain HMO

CoCode: 95482

State of Domicile: Colorado

2775 Crossroads Boulevard

Group Code: 1184

Company Type: HMO

Grand Junction, CO 81506

Group Name: Rocky Mountain

State ID Number: 01125

(970) 244-7978 ext. [Phone]

Health Gro

FEIN Number: 84-0614905

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

State Specific

Please enter state-specific code(s) found in Colorado's Filing Requirements Bulletins, or on the General Instructions page.

Please list all applicable state-specific codes. If no codes are applicable, please enter N/A.: 701, 644, 645, 649

All rate and loss cost filing types MUST be submitted with completed Rate Data Fields in accordance with Sections 10-4-401 and 10-16-107 C.R.S. This requirement does not apply to form filing types. Rate and loss cost filings not including this data will be rejected. If this is a rate or loss cost filing, have these fields been completed?: NA

Have you completed the Forms Schedule Tab? ALL Life, Accident, and Health Rate and Form filing types require the Form Schedule Tab to be completed. In addition, all Form, Annual Form Certification, and Refund Calculation filing types require the Form Schedule Tab to be completed. The actual form must be attached to Form filing types only when filing: Medicare Supplement, Long-Term Care Partnership, Stop Loss, P&C Summary Disclosure Forms, and Workers Compensation. It is not necessary to submit the actual form for other lines of insurance. Thank you.: Yes

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Nichole Boggess	08/09/2013	08/09/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Michael Muldoon	07/10/2013	07/10/2013
Pending Industry Response	Michael Muldoon	07/05/2013	07/05/2013
Pending Industry Response	Nichole Boggess	06/20/2013	06/20/2013
Pending Industry Response	Amy Filler	06/10/2013	06/10/2013
Pending Industry Response	Nichole Boggess	05/29/2013	05/29/2013
Pending Industry Response	Nichole Boggess	05/28/2013	05/28/2013
Pending Industry Response	Nichole Boggess	05/17/2013	05/17/2013

Response Letters

Responded By	Created On	Date Submitted
Julie Andrews	07/12/2013	07/12/2013
Julie Andrews	07/12/2013	07/12/2013
Julie Andrews	06/24/2013	06/24/2013
Julie Andrews	06/21/2013	06/21/2013
Julie Andrews	05/31/2013	06/03/2013
Julie Andrews	05/28/2013	05/29/2013
Julie Andrews	05/20/2013	05/20/2013

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Nichole Boggess	05/15/2013	05/15/2013

Response Letters

Responded By	Created On	Date Submitted
Julie Andrews	05/16/2013	05/16/2013

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Unified Rate Review Template	Julie Andrews	05/15/2013	05/15/2013

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Disposition Letter	Note To Filer	Nichole Boggess	08/09/2013	08/09/2013
Binder #RCKY-CO14-125000925	Note To Reviewer	Julie Andrews	05/13/2013	05/14/2013

SERFF Tracking #:	LEIF-129012661	State Tracking #:	278023	Company Tracking #:	LEIF-129012661
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State:	Colorado	Filing Company:	Rocky Mountain HMO		
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO				
Product Name:	HMO Small Group				
Project Name/Number:	January 2014 HMO Small Group Filing/				

Disposition

Disposition Date: 08/09/2013
Implementation Date: 01/01/2014
Status: Filed

HHS Status: HHS Approved
State Review: Reviewed by Actuary

Comment: State Tracking # 278023
Company: Rocky Mountain HMO
Product Line: Small Group HMO

Rate Change Summary

Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014

This is a New ACA Compliant Filing for 2014, there is no rate change involved with this filing. The purpose of this rate filing is to establish new product rates that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Affordable Care Act (ACA).

Statewide Plans Both On and Off Exchange

Gold: 4 plans
Silver: 6 plans
Bronze: 4 plans

Local Plans Both On and Off Exchange

Gold: 4 plans
Silver: 8 plans
Bronze: 4 plans

Final Rate Filing Disposition

The Division has filed the rates in their final form after all adjustments.

See attached document for more information on this filing.

State: Colorado Filing Company: Rocky Mountain HMO
 TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
 Product Name: HMO Small Group
 Project Name/Number: January 2014 HMO Small Group Filing/

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
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Rocky Mountain HMO	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%
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Percent Change Approved:

Minimum: 0.000%

Maximum: 0.000%

Weighted Average: 0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	HR-1 Form (H)		Yes
Supporting Document	Consumer Disclosure Form		Yes
Supporting Document (revised)	Actuarial Memorandum and Certifications		Yes
Supporting Document	Actuarial Memorandum and Certifications		Yes
Supporting Document	Actuarial Memorandum and Certifications		Yes
Supporting Document (revised)	Unified Rate Review Template		Yes
Supporting Document	Unified Rate Review Template		Yes
Supporting Document	Unified Rate Review Template		Yes
Supporting Document	Unified Rate Review Template		Yes
Supporting Document	Vaughn Index		Yes
Supporting Document (revised)	Confidential Exhibits		No
Supporting Document	Confidential Exhibits		No
Supporting Document	Letter of Auth		Yes
Supporting Document (revised)	Actuarial Memorandum		Yes
Supporting Document	Actuarial Memorandum		Yes

State: Colorado Filing Company: Rocky Mountain HMO
 TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
 Product Name: HMO Small Group
 Project Name/Number: January 2014 HMO Small Group Filing/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document (revised)	Rate Sample		Yes
Supporting Document	Rate Sample		Yes
Supporting Document	Rate Sample		Yes
Form	New West Focus HMO Silver - Deductible \$1500/70%/Copay \$35 (w/Child Dental)		Yes
Form	New West Focus HMO Silver - Deductible \$2000/70%/Copay \$45 (w/Child Dental)		Yes
Form	Colorado Springs Health Partners HMO Silver - Deductible \$1500/70%/Copay \$35 (w/Child Dental)		Yes
Form	Colorado Springs Health Partners HMO Silver - Deductible \$2000/70%/Copay \$45 (w/Child Dental)		Yes
Form	New West Focus HMO Bronze HSA - Deductible \$3250/70%/Copay \$45 (w/Child Dental)		Yes
Form	Colorado Springs Health Partners HMO Bronze HSA - Deductible \$3250/70%/Copay \$45 (w/Child Dental)		Yes
Form	New West Focus HMO Gold - Deductible \$500/80%/Copay \$35 (w/Child Dental)		Yes
Form	Colorado Springs Health Partners HMO Gold - Deductible \$500/80%/Copay \$35 (w/Child Dental)		Yes
Form	New West Focus HMO Silver - Deductible \$1500/70%/Copay \$35		Yes
Form	New West Focus HMO Silver - Deductible \$2000/70%/Copay \$45		Yes

SERFF Tracking #:

LEIF-129012661

State Tracking #:

278023

Company Tracking #:

LEIF-129012661

State: Colorado

Filing Company: Rocky Mountain HMO

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name: HMO Small Group

Project Name/Number: January 2014 HMO Small Group Filing/

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Colorado Springs Health Partners HMO Silver - Deductible \$1500/70%/Copay \$35		Yes
Form	Colorado Springs Health Partners HMO Silver - Deductible \$2000/70%/Copay \$45		Yes
Form	New West Focus HMO Bronze HSA - Deductible \$3250/70%/Copay \$45		Yes
Form	Colorado Springs Health Partners HMO Bronze HSA - Deductible \$3250/70%/Copay \$45		Yes
Form	New West Focus HMO Gold - Deductible \$500/80%/Copay \$35		Yes
Form	Colorado Springs Health Partners HMO Gold - Deductible \$500/80%/Copay \$35		Yes
Form	Rocky Mountain Summit HMO Silver - Deductible \$1500/70%/Copay \$35 (w/Child Dental)		Yes
Form	Rocky Mountain Summit HMO Silver - Deductible \$2000/70% Copay \$45 (w/Child Dental)		Yes
Form	Rocky Mountain Summit HMO Silver - Deductible \$2000/70%/Copay \$40 (w/Child Dental)		Yes
Form	Rocky Mountain Summit HMO Bronze - Deductible \$4500/60%/Copay \$50 (w/Child Dental)		Yes
Form	Rocky Mountain Summit HMO Bronze HSA - Deductible \$3250/70%/Copay \$45 (w/Child Dental)		Yes
Form	Rocky Mountain Summit HMO Gold - Deductible \$500/80%/Copay \$35 (w/Child Dental)		Yes
Form	Rocky Mountain Summit HMO Gold - Deductible \$650/80%/Copay \$35 (w/Child Dental)		Yes

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Rocky Mountain Summit HMO Silver - Deductible \$1500/70%/Copay \$35		Yes
Form	Rocky Mountain Summit HMO Silver - Deductible \$2000/70%/Copay \$45		Yes
Form	Rocky Mountain Summit HMO Silver - Deductible \$2000/70%/Copay \$40		Yes
Form	Rocky Mountain Summit HMO Bronze - Deductible \$4500/60%/Copay \$50		Yes
Form	Rocky Mountain Summit HMO Bronze HSA - Deductible \$3250/70%/Copay \$45		Yes
Form	Rocky Mountain Summit HMO Gold - Deductible \$500/80%/Copay \$35		Yes
Form	Rocky Mountain Summit HMO Gold - Deductible \$650/80%/Copay \$35		Yes
Rate (revised)	2014 HMO SG Filing		Yes
Rate	2014 HMO SG Filing		Yes
Rate	2014 HMO SG Filing		Yes

Final Disposition Letter

State Tracking # 278023
Company: Rocky Mountain HMO
Product Line: Small Group HMO

Rate Change Summary

Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014

This is a New ACA Compliant Filing for 2014, there is no rate change involved with this filing.

The purpose of this rate filing is to establish new product rates that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Affordable Care Act (ACA).

Statewide Plans Both On and Off Exchange

Gold: 4 plans

Silver: 6 plans

Bronze: 4 plans

Local Plans Both On and Off Exchange

Gold: 4 plans

Silver: 8 plans

Bronze: 4 plans

Rate Methodology

Experience Used for Rate Setting: Rocky Mtn. HMO GF and NGF Small group experience for 2012.

2012 Experience Period Loss Ratio: 76.5% based on an average of 4,938 enrolled members with \$22.8 Million in premium (\$384.71 pmpr).

Annual Health Cost Trends: 7.8%.

Risk Adjustment: 0% (no payments expected from the federal Risk Adjustment Program in 2014).

Smoking Factor: 0% same rates for smokers and non-smokers at all ages.

Age Rating: 3.0 to 1.0 age rating factor limits for all adults age 21 and over.

Colorado 2014 Overall Average Premium:

* Federal Reported 2014 Comparable Average Premium:

* This is reported on the issuer's CMS URRT Form submitted in HIOS. It represents a standardized average premium calculation that is used by CMS for comparing and gauging premium development. It is not necessarily the actual average premium, which is shown in the line above as Colorado 2014 Overall Average Premium.

Premium Retained to Cover Expenses, Taxes Fees and Profits

Administrative costs: Expenses the insurance company pays to operate this insurance plan.

This includes all expenses not directly related to paying claims, such as, but not limited to, salaries of company employees, the cost of the company's offices and equipment, commissions to agents to sell and service policies, subsidies to cover legally required plans such as portability, and taxes.

Final Disposition Letter

Profit: The amount of money remaining after claims and administrative expenses are paid. Margin is the comparable term for a nonprofit insurance company.

Total average premium retention is 23.7% shown as follows:

	<u>Issuer Primary Expense and Profit Retention</u>	<u>% of Premium Retained</u>
	Administrative Expenses:	10.14%
	Merchant Banking Fee	2.50%
	Commissions:	2.74%
	Profit:	0.00%
	Contingency Margin:	4.09%
	Investment Income:	-1.09%
(A)	Total:	18.38%
	<u>Retention for Additional Required Taxes, Fees and Assessments</u>	
	PPACA Health Insurer Fee:	0.74%
	PPACA Reinsurance Fee:	1.12%
	PPACA CERF Fee:	0.00%
	PPACA Risk Adjustment User Fee:	0.02%
	PPACA PCORI Fee:	0.04%
	Exchange user fees:	1.40%
	Premium Taxes:	0.00%
	State Income Taxes:	0.00%
	Other Fees, Assessments, Taxes:	0.00%
(B)	Total:	3.31%
	<u>Additional Allowed for QI & Member Welfare Section</u>	
	Quality Improvement:	2.00%
	Community Charitable:	
	IT for ICD-10 Conversion (max allowed 0.3%):	
(C)	Total:	2.00%
(D)	Total Premium Retention For All Purposes (A + B + C):	23.69%
(E)	Colorado Conventional Loss Ratio (100% - D):	76.31%
	Federal MLR Loss Ratio Basis: (E + C) / (100% - B - FIT):	80.99%

Final Disposition Letter

Sample of Final Premium Levels

	Denver				Fort Collins			
	21 Year Old		64 Year Old		21 Year Old		64 Year Old	
	Low	High	Low	High	Low	High	Low	High
Gold	\$335.72	\$379.33	\$1,007.16	\$1,137.99	\$418.78	\$473.19	\$1,256.34	\$1,419.57
Silver	\$271.67	\$314.37	\$815.01	\$943.11	\$338.88	\$392.15	\$1,016.64	\$1,176.45
Bronze	\$242.14	\$273.94	\$726.42	\$821.82	\$302.05	\$341.71	\$906.15	\$1,025.13

	Grand Junction				Pueblo			
	21 Year Old		64 Year Old		21 Year Old		64 Year Old	
	Low	High	Low	High	Low	High	Low	High
Gold	\$297.65	\$336.31	\$892.95	\$1,008.93	\$384.17	\$434.08	\$1,152.51	\$1,302.24
Silver	\$240.86	\$278.72	\$722.58	\$836.16	\$310.87	\$359.74	\$932.61	\$1,079.22
Bronze	\$214.68	\$242.87	\$644.04	\$728.61	\$277.08	\$313.47	\$831.24	\$940.41

Division Objections and Rate Changes During the Review Process

The Division objected to the inclusion of the fixed Exchange User fee in retention. RM HMO removed the \$1.80 ppm from their retention load, results in a 0.4% retention load decrease.

The Division objected to the lack of RM HMO's own experience in the URRT development. RM HMO submitted experience within the URRT.

Final Rate Filing Disposition

The Division has filed the rates in their final form after all adjustments.

State: Colorado
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: HMO Small Group
Project Name/Number: January 2014 HMO Small Group Filing/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/10/2013
Submitted Date	07/10/2013
Respond By Date	07/19/2013

Dear Barry Barak,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- Unified Rate Review Template (Supporting Document)

Comments: For the URRT development on worksheet 1 the plan's own HMO SG Non Grandfathered experience for 2012 was not entered in the experience section and developed per URRT instructions.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/19/2013, which is within 9 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/19/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

*Sincerely,
Michael Muldoon*

State: Colorado
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: HMO Small Group
Project Name/Number: January 2014 HMO Small Group Filing/

Filing Company: Rocky Mountain HMO

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/05/2013
Submitted Date	07/05/2013
Respond By Date	07/15/2013

Dear Barry Barak,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- Actuarial Memorandum and Certifications (Supporting Document)

Comments:

Please note, for 2014 COHBE has indicated that they will not be applying the \$1.80 pmpm.

You may adjust your Exchange User Fee rate load and final rates to reflect this, and submit a new rate data template and Act Memo.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/12/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/12/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

Sincerely,

Michael Muldoon

State: Colorado
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: HMO Small Group
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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/20/2013
Submitted Date	06/20/2013
Respond By Date	06/27/2013

Dear Barry Barak,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please update the rate manual as Mineral County should be in area 10 and not area 8.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/27/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/27/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

Sincerely,

Nichole Boggess

State: Colorado
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: HMO Small Group
Project Name/Number: January 2014 HMO Small Group Filing/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/10/2013
Submitted Date	06/10/2013
Respond By Date	06/24/2013

Dear Barry Barak,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please include the "Experience Period Premium and Claims" section of the Part III Actuarial Memorandum. This section of the actuarial memorandum should include information related to the actuaries best estimate of premium and claims for the single risk pool during the experience period reported in Worksheet 1, Section I of the Part I Unified Rate Review Template.

Paid Through Date: Indicate the date through which payments have been made on claims incurred during the experience period.

Premiums (net of MLR Rebate) in Experience Period: Provide support for how the amount of premium earned during the experience period, net of MLR rebates to policyholders, was developed.

Allowed and Incurred Claims Incurred During the Experience Period: Provide support for the development of the actuaries best estimate of allowed and paid claims incurred during the experience period.

This portion of the Part III Act Memo should follow the "Proposed Rate Increase" section.

Objection 2

- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please include the "Benefit Categories" section of the Part III Actuarial Memorandum. For each of the Benefit Categories in Worksheet 1, Section II, describe the methodology used to determine which category each claimant in the experience period falls. For benefit categories where Other was selected as the Utilization Description in the Part I Unified Rate Review Template, please describe the measurement units that were used. This portion of the Part III Act Memo should follow the "Experience Period Premium & Claims" section.

Objection 3

- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please include the "Projection Factors" section of the Part III Actuarial Memorandum. This section should include a description of each factor used to project the experience period allowed claims to the projection period, and supporting information related to the development of those factors. For each factor, the actuary should include a description of the source data or assumptions used, why they are appropriate for the single risk pool, and any applicable adjustments made to the data, such as considerations for issuer-specific experience, industry or internal studies, benefit design and credibility of the source data. At a minimum, include support for the following factors:

Changes in the Morbidity of the Population Insured, Changes in Benefits, Changes in Demographics, Other Adjustments, and Trend Factors (cost/utilization)

This portion of the Part III Act Memo should follow the "Benefit Categories" section. For more information, please see the HHS Part III Actuarial Memorandum and Certification Instructions.

Objection 4

- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please include the "Credibility of Experience" section of the Part III Actuarial Memorandum. In this section issuers must provide support for the credibility level assigned to their base period experience, with the complement being applied to a credibility manual. The requested information will include items such as: Description of the Credibility Methodology Used, and

State: Colorado
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: HMO Small Group
Project Name/Number: January 2014 HMO Small Group Filing/

Resulting Credibility Level Assigned to Base Period Experience when applying the proposed credibility methodology. This portion of the Part III Act Memo should follow the "Credibility Manual Rate Development" section. For more information, please see the HHS Part III Actuarial Memorandum and Certification Instructions.

Objection 5

- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please include the "Terminated Products" section of the Part III Actuarial Memorandum. List the name of each product that will be terminated prior to the effective date. Include both products that have experience included in the single risk pool during the experience period and any products that were not in effect during the experience but were made available thereafter. If this section is not applicable, then please specify. This should be located after the "Membership Projections" section.

Objection 6

- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please include the "Plan Type" section of the Part III Actuarial Memorandum. In the event that the plan types listed in the drop-down box in Worksheet 2, Section I of the Part I Unified Rate Review Template do not describe an issuers plan exactly and the issuer has selected the closest plan available, per the instructions, please describe the differences between the issuers plan and the plan type selected. This portion of the Part III Act Memo should follow the "Terminated Products" section.

Objection 7

- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please include the "Reliance" section of the Part III Actuarial Memorandum. If, in preparing the Part I Unified Rate Review Template submission, the certifying actuary relied on any information or underlying assumptions provided by another individual, the information relied upon and the name of the individual providing that information may be disclosed. This should be located after the "Effective Rate Review Information" section.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/24/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/24/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,
Amy Filler

State: Colorado
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: HMO Small Group
Project Name/Number: January 2014 HMO Small Group Filing/

Filing Company: Rocky Mountain HMO

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/29/2013
Submitted Date	05/29/2013
Respond By Date	06/05/2013

Dear Barry Barak,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide a chart showing the basic plan designs to include such items as out of pocket, coinsurance, copays, and etc.

Objection 2

Comments: Please submit all excel files in pdf format as well.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/05/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/05/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

Sincerely,

Nichole Boggess

State: Colorado
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: HMO Small Group
Project Name/Number: January 2014 HMO Small Group Filing/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/28/2013
Submitted Date	05/28/2013
Respond By Date	06/04/2013

Dear Barry Barak,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide the rate sample as a separate exhibit.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 06/04/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 06/04/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

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Sincerely,

Nichole Boggess

State: Colorado
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: HMO Small Group
Project Name/Number: January 2014 HMO Small Group Filing/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/17/2013
Submitted Date	05/17/2013
Respond By Date	05/31/2013

Dear Barry Barak,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please update the requested filing mode on the general information tab to be file and use.

Objection 2

Comments: Please complete the following fields on the rate / rule schedule tab even if the amount is 0: Product Types: HMO / PPO / EPO / POS / HSA / HDHP / FFS / Other

Number of policy holders

Number of covered lives

Objection 3

Comments: Please verify the previous filing information on the rate / rule schedule tab. The actuarial memorandum states this is a new product while this reflects a previous filing. Please see the following information:

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: 0.000 %

Effective Date of Last Rate Revision: 10/01/2012

Filing Method of Last Filing: SERFF

Objection 4

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (A) (2): Please update the requested rate action to 0%.

Objection 5

- Actuarial Memorandum (Supporting Document)

Comments: Please verify the data requirements tab that reflects this as an existing product as section (A) of the actuarial memorandum indicates this is for a new product.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 05/31/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 05/31/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be

State: Colorado **Filing Company:** Rocky Mountain HMO
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: HMO Small Group
Project Name/Number: January 2014 HMO Small Group Filing/

used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

Sincerely,

Nichole Boggess

State: Colorado
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: HMO Small Group
Project Name/Number: January 2014 HMO Small Group Filing/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/15/2013
Submitted Date	05/15/2013
Respond By Date	05/17/2013

Dear Barry Barak,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please submit the binder so a complete review can be completed.

Objection 2

- Unified Rate Review Template (Supporting Document)

Comments: Please attach the XLS version of the Unified Rate Review Template.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 05/17/2013, which is within 2 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 05/17/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

*Sincerely,
Nichole Boggess*

State: Colorado
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: HMO Small Group
Project Name/Number: January 2014 HMO Small Group Filing/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/12/2013
Submitted Date	07/12/2013

Dear Nichole Boggess,

Introduction:

Response 1

Comments:

A new URRT has been provided with the requested experience information.

Related Objection 1

Applies To:

- Unified Rate Review Template (Supporting Document)

Comments: For the URRT development on worksheet 1 the plan's own HMO SG Non Grandfathered experience for 2012 was not entered in the experience section and developed per URRT instructions.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Julie Andrews

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/12/2013
Submitted Date	07/12/2013

Dear Nichole Boggess,

Introduction:

Response 1

Comments:

The filing has been amended to remove the COHBE Component. All exhibits have been updated as necessary.

Related Objection 1

Applies To:

- Actuarial Memorandum and Certifications (Supporting Document)

Comments:

Please note, for 2014 COHBE has indicated that they will not be applying the \$1.80 pmpm.

You may adjust your Exchange User Fee rate load and final rates to reflect this, and submit a new rate data template and Act Memo.

Changed Items:

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III RMHMO Small Group 2014 Actuarial Memorandum (7-12-2013).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III RMHMO Small Group 2014 Actuarial Memorandum (6-24-2013).pdf
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Comments:	
Attachment(s):	Part III RMHMO Small Group 2014 Actuarial Memorandum.pdf

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	URRTRMHMOSG (rev 7-12-2013 v97).xls UnifiedRateReviewSubmissionHMOSGv071213_2013071112268.xml
<i>Previous Version</i>	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	URRTFinalRMHMOSG.xlsx URRTRMHMOSG5-17-2013.xls
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Satisfied - Item:	Unified Rate Review Template
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Project Name/Number:	January 2014 HMO Small Group Filing/		

Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>UnifiedRateReviewSubmissionRMHMOSG_20130512122438.xml</i>

Satisfied - Item:	Confidential Exhibits
Comments:	
Attachment(s):	Confidential Rate Development Methodology-SG HMO (rev 7-15-2013).pdf

Previous Version

Satisfied - Item:	<i>Confidential Exhibits</i>
Comments:	
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Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Cost Sharing HMO Small Group Deductible Safe Harbor Justification.pdf 2014 Small Group HMO Actuarial Certification 2014 01 (4-2-11).pdf Benefit Summary Table Small Group HMO 5-31-2013.pdf Actuarial Memorandum HMO Small Group (7-12-13).pdf Actuarial Memorandum HMO Small Group (7-12-13).xls

Previous Version

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Comments:	
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Satisfied - Item:	Rate Sample
Comments:	
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Satisfied - Item:	<i>Rate Sample</i>
Comments:	
Attachment(s):	<i>Rate Sample HMO Small Group (6-30-13).xls</i> <i>Rate Sample HMO Small Group (6-30-13).pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Sample</i>
Comments:	
Attachment(s):	<i>Rate Sample HMO Small Group (6-30-13).xls</i>

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TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
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Project Name/Number:	January 2014 HMO Small Group Filing/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
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Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Cost Sharing HMO Small Group Deductible Safe Harbor Justification.pdf 2014 Small Group HMO Actuarial Certification 2014 01 (4-2-11).pdf Actuarial Memorandum HMO Small Group (5-31-13).xls Actuarial Memorandum HMO Small Group (5-31-13).pdf Benefit Summary Table Small Group HMO 5-31-2013.pdf</i>

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Satisfied - Item:	<i>Actuarial Memorandum</i>
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<i>Previous Version</i>	
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Satisfied - Item:	Rate Sample
Comments:	
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Satisfied - Item:	<i>Rate Sample</i>
Comments:	
Attachment(s):	<i>Rate Sample HMO Small Group (6-30-13).xls</i> <i>Rate Sample HMO Small Group (6-30-13).pdf</i>
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Supporting Document Schedule Item Changes	
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Comments:	
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<i>Previous Version</i>	
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Comments:	
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Satisfied - Item:	Rate Sample
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Supporting Document Schedule Item Changes	
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Comments:	
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Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	URRTRMHMOSG (rev 7-12-2013 v97).xls UnifiedRateReviewSubmissionHMOSGv071213_2013071112268.xml
<i>Previous Version</i>	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	URRTFinalRMHMOSG.xlsx URRTRMHMOSG5-17-2013.xls
<i>Previous Version</i>	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	URRTFinalRMHMOSG.xlsx
<i>Previous Version</i>	

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>UnifiedRateReviewSubmissionRMHMOSG_20130512122438.xml</i>

Satisfied - Item:	Confidential Exhibits
Comments:	
Attachment(s):	Confidential Rate Development Methodology-SG HMO (rev 7-15-2013).pdf

Previous Version

Satisfied - Item:	<i>Confidential Exhibits</i>
Comments:	
Attachment(s):	<i>Confidential Rate Development Methodology-SG HMO.pdf</i>

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Cost Sharing HMO Small Group Deductible Safe Harbor Justification.pdf 2014 Small Group HMO Actuarial Certification 2014 01 (4-2-11).pdf Benefit Summary Table Small Group HMO 5-31-2013.pdf Actuarial Memorandum HMO Small Group (7-12-13).pdf Actuarial Memorandum HMO Small Group (7-12-13).xls

Previous Version

Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Cost Sharing HMO Small Group Deductible Safe Harbor Justification.pdf 2014 Small Group HMO Actuarial Certification 2014 01 (4-2-11).pdf Actuarial Memorandum HMO Small Group (5-31-13).xls Actuarial Memorandum HMO Small Group (5-31-13).pdf Benefit Summary Table Small Group HMO 5-31-2013.pdf</i>

Previous Version

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Cost Sharing HMO Small Group Deductible Safe Harbor Justification.pdf</i> <i>2014 Small Group HMO Actuarial Certification 2014 01 (4-2-11).pdf</i> <i>Actuarial Memorandum HMO Small Group (5-31-13).xls</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Cost Sharing HMO Small Group Deductible Safe Harbor Justification.pdf</i> <i>2014 Small Group HMO Actuarial Certification 2014 01 (4-2-11).pdf</i> <i>Actuarial Memorandum HMO Small Group (5-13-13).xls</i>

Satisfied - Item:	Rate Sample
Comments:	
Attachment(s):	Rate Sample HMO Small Group (7-12-13) Final.xls Rate Sample HMO Small Group (7-12-13) Final.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Sample</i>
Comments:	
Attachment(s):	<i>Rate Sample HMO Small Group (6-30-13).xls</i> <i>Rate Sample HMO Small Group (6-30-13).pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Sample</i>
Comments:	
Attachment(s):	<i>Rate Sample HMO Small Group (6-30-13).xls</i>

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III RMHMO Small Group 2014 Actuarial Memorandum (7-12-2013).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III RMHMO Small Group 2014 Actuarial Memorandum (6-24-2013).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III RMHMO Small Group 2014 Actuarial Memorandum.pdf

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	URRTRMHMOSG (rev 7-12-2013 v97).xls UnifiedRateReviewSubmissionHMOSGv071213_2013071112268.xml
<i>Previous Version</i>	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	URRTFinalRMHMOSG.xlsx URRTRMHMOSG5-17-2013.xls
<i>Previous Version</i>	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	URRTFinalRMHMOSG.xlsx
<i>Previous Version</i>	

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>UnifiedRateReviewSubmissionRMHMOSG_20130512122438.xml</i>

Satisfied - Item:	Confidential Exhibits
Comments:	
Attachment(s):	Confidential Rate Development Methodology-SG HMO (rev 7-15-2013).pdf

Previous Version

Satisfied - Item:	<i>Confidential Exhibits</i>
Comments:	
Attachment(s):	<i>Confidential Rate Development Methodology-SG HMO.pdf</i>

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Cost Sharing HMO Small Group Deductible Safe Harbor Justification.pdf 2014 Small Group HMO Actuarial Certification 2014 01 (4-2-11).pdf Benefit Summary Table Small Group HMO 5-31-2013.pdf Actuarial Memorandum HMO Small Group (7-12-13).pdf Actuarial Memorandum HMO Small Group (7-12-13).xls

Previous Version

Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Cost Sharing HMO Small Group Deductible Safe Harbor Justification.pdf 2014 Small Group HMO Actuarial Certification 2014 01 (4-2-11).pdf Actuarial Memorandum HMO Small Group (5-31-13).xls Actuarial Memorandum HMO Small Group (5-31-13).pdf Benefit Summary Table Small Group HMO 5-31-2013.pdf</i>

Previous Version

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Cost Sharing HMO Small Group Deductible Safe Harbor Justification.pdf</i> <i>2014 Small Group HMO Actuarial Certification 2014 01 (4-2-11).pdf</i> <i>Actuarial Memorandum HMO Small Group (5-31-13).xls</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Cost Sharing HMO Small Group Deductible Safe Harbor Justification.pdf</i> <i>2014 Small Group HMO Actuarial Certification 2014 01 (4-2-11).pdf</i> <i>Actuarial Memorandum HMO Small Group (5-13-13).xls</i>

Satisfied - Item:	Rate Sample
Comments:	
Attachment(s):	Rate Sample HMO Small Group (7-12-13) Final.xls Rate Sample HMO Small Group (7-12-13) Final.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Sample</i>
Comments:	
Attachment(s):	<i>Rate Sample HMO Small Group (6-30-13).xls</i> <i>Rate Sample HMO Small Group (6-30-13).pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Sample</i>
Comments:	
Attachment(s):	<i>Rate Sample HMO Small Group (6-30-13).xls</i>

No Form Schedule items changed.

SERFF Tracking #:	LEIF-129012661	State Tracking #:	278023	Company Tracking #:	LEIF-129012661
State:	Colorado	Filing Company:	Rocky Mountain HMO		
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO				
Product Name:	HMO Small Group				
Project Name/Number:	January 2014 HMO Small Group Filing/				

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted

SERFF Tracking #:

LEIF-129012661

State Tracking #:

278023

Company Tracking #:

LEIF-129012661

State: Colorado

Filing Company:

Rocky Mountain HMO

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

HMO Small Group

Project Name/Number:

January 2014 HMO Small Group Filing/

Rate/Rule Schedule Item Changes

1	2014 HMO SG Filing	<p>HMO_NWF_Silver_SG _1500_70_35_CD_01_ 01012014, HMO_NWF_Silver_SG _2000_70_45_CD_01_ 01012014, HMO_CSHP_Silver_S G_1500_70_35_CD_0 1_01012014, HMO_CSHP_Silver_S G_2000_70_45_CD_0 1_01012014, HMO_NWF_Bronze_H SA_SG_3250_70_45_ CD_01_01012014, HMO_CSHP_Bronze_ HSA_SG_3250_70_45_ _CD_01_01012014, HMO_NWF_Gold_SG_ 500_80_35_CD_01_01 012014, HMO_CSHP_Gold_SG_ _500_80_35_CD_01_0 1012014, HMO_NWF_Silver_SG _1500_70_35_NCD_0 1_01012014, HMO_NWF_Silver_SG _2000_70_45_NCD_0 1_01012014, HMO_CSHP_Silver_S</p>	New		January 2014 Rates & Factors HMO Small Group (7-12-13).xls,	07/12/2013 By: Julie Andrews
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SERFF Tracking #:

LEIF-129012661

State Tracking #:

278023

Company Tracking #:

LEIF-129012661

State: Colorado

Filing Company:

Rocky Mountain HMO

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name: HMO Small Group

Project Name/Number: January 2014 HMO Small Group Filing/

Rate/Rule Schedule Item Changes

G_1500_70_35_NCD_01_01012014,
HMO_CSHP_Silver_S
G_2000_70_45_NCD_01_01012014,
HMO_NWF_Bronze_H
SA_SG_3250_70_45_NCD_01_01012014,
HMO_CSHP_Bronze_HSA_SG_3250_70_45_NCD_01_01012014,
HMO_NWF_Gold_SG_500_80_35_NCD_01_01012014,
HMO_CSHP_Gold_SG_500_80_35_NCD_01_01012014,
HMO_Summit_Silver_SG_1500_70_35_CD_01_01012014,
HMO_Summit_Silver_SG_2000_70_45_CD_01_01012014,
HMO_Summit_Silver_SG_2000_70_40_CD_01_01012014,
HMO_Summit_Bronze_SG_4500_60_50_CD_01_01012014,
HMO_Summit_HSA_Bronze_SG_3250_70_4

SERFF Tracking #:

LEIF-129012661

State Tracking #:

278023

Company Tracking #:

LEIF-129012661

State: Colorado

Filing Company:

Rocky Mountain HMO

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name: HMO Small Group

Project Name/Number: January 2014 HMO Small Group Filing/

Rate/Rule Schedule Item Changes

5_CD_01_01012014,
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HMO_Summit_Gold_S
G_650_80_35_CD_01
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SG_2000_70_45_NCD
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HMO_Summit_Silver_
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_01_01012014,
HMO_Summit_Bronze
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HMO_Summit_HSA_B
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G_500_80_35_NCD_0
1_01012014,
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G_650_80_35_NCD_0
1_01012014

[Previous Version](#)

SERFF Tracking #:

LEIF-129012661

State Tracking #:

278023

Company Tracking #:

LEIF-129012661

State: Colorado

Filing Company:

Rocky Mountain HMO

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name: HMO Small Group

Project Name/Number: January 2014 HMO Small Group Filing/

Rate/Rule Schedule Item Changes

1	2014 HMO SG Filing	<p>HMO_NWF_Silver_SG New</p> <p>_1500_70_35_CD_01_01012014,</p> <p>HMO_NWF_Silver_SG</p> <p>_2000_70_45_CD_01_01012014,</p> <p>HMO_CSHP_Silver_S</p> <p>G_1500_70_35_CD_01_01012014,</p> <p>HMO_CSHP_Silver_S</p> <p>G_2000_70_45_CD_01_01012014,</p> <p>HMO_NWF_Bronze_H</p> <p>SA_SG_3250_70_45_CD_01_01012014,</p> <p>HMO_CSHP_Bronze_H</p> <p>SA_SG_3250_70_45_CD_01_01012014,</p> <p>HMO_NWF_Gold_SG_500_80_35_CD_01_01012014,</p> <p>HMO_CSHP_Gold_SG_500_80_35_CD_01_01012014,</p> <p>HMO_NWF_Silver_SG_1500_70_35_NCD_01_01012014,</p> <p>HMO_NWF_Silver_SG_2000_70_45_NCD_01_01012014,</p> <p>HMO_CSHP_Silver_S</p>			January 2014 Rates & Factors HMO Small Group (5-13-13).xls,	05/20/2013 By: Julie Andrews
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SERFF Tracking #:

LEIF-129012661

State Tracking #:

278023

Company Tracking #:

LEIF-129012661

State:

Colorado

Filing Company:

Rocky Mountain HMO

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

HMO Small Group

Project Name/Number:

January 2014 HMO Small Group Filing/

Rate/Rule Schedule Item Changes

G_1500_70_35_NCD_
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 HMO_NWF_Bronze_H
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 NCD_01_01012014,
 HMO_CSHP_Bronze_
 HSA_SG_3250_70_45_
 _NCD_01_01012014,
 HMO_NWF_Gold_SG_
 500_80_35_NCD_01_
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 HMO_CSHP_Gold_SG_
 _500_80_35_NCD_01_
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 SG_2000_70_40_CD_
 01_01012014,
 HMO_Summit_Bronze_
 _SG_4500_60_50_CD_
 _01_01012014,
 HMO_Summit_HSA_B
 ronze_SG_3250_70_4

SERFF Tracking #:

LEIF-129012661

State Tracking #:

278023

Company Tracking #:

LEIF-129012661

State: Colorado

Filing Company:

Rocky Mountain HMO

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name: HMO Small Group

Project Name/Number: January 2014 HMO Small Group Filing/

Rate/Rule Schedule Item Changes

5_CD_01_01012014,
HMO_Summit_Gold_S
G_500_80_35_CD_01
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HMO_Summit_Gold_S
G_650_80_35_CD_01
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D_01_01012014,
HMO_Summit_HSA_B
ronze_SG_3250_70_4
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HMO_Summit_Gold_S
G_500_80_35_NCD_0
1_01012014,
HMO_Summit_Gold_S
G_650_80_35_NCD_0
1_01012014

Previous Version

SERFF Tracking #:

LEIF-129012661

State Tracking #:

278023

Company Tracking #:

LEIF-129012661

State: Colorado

Filing Company:

Rocky Mountain HMO

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

HMO Small Group

Project Name/Number:

January 2014 HMO Small Group Filing/

Rate/Rule Schedule Item Changes

1	2014 HMO SG Filing	<p>HMO_NWF_Silver_SG Revised</p> <p>_1500_70_35_CD_01_01012014,</p> <p>HMO_NWF_Silver_SG</p> <p>_2000_70_45_CD_01_01012014,</p> <p>HMO_CSHP_Silver_S</p> <p>G_1500_70_35_CD_01_01012014,</p> <p>HMO_CSHP_Silver_S</p> <p>G_2000_70_45_CD_01_01012014,</p> <p>HMO_NWF_Bronze_H</p> <p>SA_SG_3250_70_45_CD_01_01012014,</p> <p>HMO_CSHP_Bronze_H</p> <p>SA_SG_3250_70_45_CD_01_01012014,</p> <p>HMO_NWF_Gold_SG_500_80_35_CD_01_01012014,</p> <p>HMO_CSHP_Gold_SG_500_80_35_CD_01_01012014,</p> <p>HMO_NWF_Silver_SG_1500_70_35_NCD_01_01012014,</p> <p>HMO_NWF_Silver_SG_2000_70_45_NCD_01_01012014,</p> <p>HMO_CSHP_Silver_S</p>	Previous State Filing Number: LEIF-128597507 Percent Rate Change Request:	January 2014 Rates & Factors HMO Small Group (5-13-13).xls,	05/14/2013 By: Julie Andrews
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SERFF Tracking #:

LEIF-129012661

State Tracking #:

278023

Company Tracking #:

LEIF-129012661

State:

Colorado

Filing Company:

Rocky Mountain HMO

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

HMO Small Group

Project Name/Number:

January 2014 HMO Small Group Filing/

Rate/Rule Schedule Item Changes

G_1500_70_35_NCD_
 01_01012014,
 HMO_CSHP_Silver_S
 G_2000_70_45_NCD_
 01_01012014,
 HMO_NWF_Bronze_H
 SA_SG_3250_70_45_
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 HMO_CSHP_Bronze_
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 HMO_Summit_Silver_
 SG_2000_70_40_CD_
 01_01012014,
 HMO_Summit_Bronze_
 _SG_4500_60_50_CD_
 _01_01012014,
 HMO_Summit_HSA_B
 ronze_SG_3250_70_4

SERFF Tracking #:

LEIF-129012661

State Tracking #:

278023

Company Tracking #:

LEIF-129012661

State: Colorado

Filing Company:

Rocky Mountain HMO

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name: HMO Small Group

Project Name/Number: January 2014 HMO Small Group Filing/

Rate/Rule Schedule Item Changes

5_CD_01_01012014,
HMO_Summit_Gold_S
G_500_80_35_CD_01
_01012014,
HMO_Summit_Gold_S
G_650_80_35_CD_01
_01012014,
HMO_Summit_Silver_
SG_1500_70_35_NCD
_01_01012014,
HMO_Summit_Silver_
SG_2000_70_45_NCD
_01_01012014,
HMO_Summit_Silver_
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HMO_Summit_Bronze
_SG_4500_60_50_NC
D_01_01012014,
HMO_Summit_HSA_B
ronze_SG_3250_70_4
5_NCD_01_01012014,
HMO_Summit_Gold_S
G_500_80_35_NCD_0
1_01012014,
HMO_Summit_Gold_S
G_650_80_35_NCD_0
1_01012014

Conclusion:

Sincerely,

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Julie Andrews

State: Colorado **Filing Company:** Rocky Mountain HMO
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: HMO Small Group
Project Name/Number: January 2014 HMO Small Group Filing/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/24/2013
Submitted Date	06/24/2013

Dear Nichole Boggess,

Introduction:

Response 1

Comments:

The objection has been addressed.

Related Objection 1

Comments: Please update the rate manual as Mineral County should be in area 10 and not area 8.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Julie Andrews

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/21/2013
Submitted Date	06/21/2013

Dear Nichole Boggess,

Introduction:

Response 1

Comments:

The section has been added to the revised Part III Memorandum.

Related Objection 1

Applies To:

- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please include the "Experience Period Premium and Claims" section of the Part III Actuarial Memorandum. This section of the actuarial memorandum should include information related to the actuaries best estimate of premium and claims for the single risk pool during the experience period reported in Worksheet 1, Section I of the Part I Unified Rate Review Template.

Paid Through Date: Indicate the date through which payments have been made on claims incurred during the experience period.

Premiums (net of MLR Rebate) in Experience Period: Provide support for how the amount of premium earned during the experience period, net of MLR rebates to policyholders, was developed.

Allowed and Incurred Claims Incurred During the Experience Period: Provide support for the development of the actuaries best estimate of allowed and paid claims incurred during the experience period.

This portion of the Part III Act Memo should follow the "Proposed Rate Increase" section.

Changed Items:

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III RMHMO Small Group 2014 Actuarial Memorandum (6-24-2013).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III RMHMO Small Group 2014 Actuarial Memorandum.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

The section has been added to the revised Part III Memorandum.

Related Objection 2

Applies To:

- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please include the "Benefit Categories" section of the Part III Actuarial Memorandum. For each of the Benefit Categories in Worksheet 1, Section II, describe the methodology used to determine which category each claim in the experience period falls. For benefit categories where Other was selected as the Utilization Description in the Part I Unified Rate Review Template, please describe the measurement units that were used. This portion of the Part III Act Memo should follow the "Experience Period Premium & Claims" section.

Changed Items:

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III RMHMO Small Group 2014 Actuarial Memorandum (6-24-2013).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III RMHMO Small Group 2014 Actuarial Memorandum.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

The section has been added to the revised Part III Memorandum.

Related Objection 3

Applies To:

- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please include the "Projection Factors" section of the Part III Actuarial Memorandum. This section should include a description of each factor used to project the experience period allowed claims to the projection period, and supporting information related to the development of those factors. For each factor, the actuary should include a description of the source data or assumptions used, why they are appropriate for the single risk pool, and any applicable adjustments made to the data, such as considerations for issuer-specific experience, industry or internal studies, benefit design and credibility of the source data. At a minimum, include support for the following factors:

Changes in the Morbidity of the Population Insured, Changes in Benefits, Changes in Demographics, Other Adjustments, and Trend Factors (cost/utilization)

This portion of the Part III Act Memo should follow the "Benefit Categories" section. For more information, please see the HHS Part III Actuarial Memorandum and Certification Instructions.

Changed Items:

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III RMHMO Small Group 2014 Actuarial Memorandum (6-24-2013).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III RMHMO Small Group 2014 Actuarial Memorandum.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

The section has been added to the revised Part III Memorandum.

Related Objection 4

Applies To:

- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please include the "Credibility of Experience" section of the Part III Actuarial Memorandum. In this section issuers must provide support for the credibility level assigned to their base period experience, with the complement being applied to a credibility manual. The requested information will include items such as: Description of the Credibility Methodology Used, and Resulting Credibility Level Assigned to Base Period Experience when applying the proposed credibility methodology. This portion of the Part III Act Memo should follow the "Credibility Manual Rate Development" section. For more information, please see the HHS Part III Actuarial Memorandum and Certification Instructions.

Changed Items:

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III RMHMO Small Group 2014 Actuarial Memorandum (6-24-2013).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III RMHMO Small Group 2014 Actuarial Memorandum.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

The section has been added to the revised Part III Memorandum.

Related Objection 5

Applies To:

- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please include the "Terminated Products" section of the Part III Actuarial Memorandum. List the name of each product that will be terminated prior to the effective date. Include both products that have experience included in the single risk pool during the experience period and any products that were not in effect during the experience but were made available thereafter. If this section is not applicable, then please specify. This should be located after the "Membership Projections" section.

Changed Items:

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III RMHMO Small Group 2014 Actuarial Memorandum (6-24-2013).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III RMHMO Small Group 2014 Actuarial Memorandum.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

The section has been added to the revised Part III Memorandum.

Related Objection 6

Applies To:

- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please include the "Plan Type" section of the Part III Actuarial Memorandum. In the event that the plan types listed in the drop-down box in Worksheet 2, Section I of the Part I Unified Rate Review Template do not describe an issuers plan exactly and the issuer has selected the closest plan available, per the instructions, please describe the differences between the issuers plan and the plan type selected. This portion of the Part III Act Memo should follow the "Terminated Products" section.

Changed Items:

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III RMHMO Small Group 2014 Actuarial Memorandum (6-24-2013).pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III RMHMO Small Group 2014 Actuarial Memorandum.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

The section has been added to the revised Part III Memorandum.

Related Objection 7

Applies To:

- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please include the "Reliance" section of the Part III Actuarial Memorandum. If, in preparing the Part I Unified Rate Review Template submission, the certifying actuary relied on any information or underlying assumptions provided by another individual, the information relied upon and the name of the individual providing that information may be disclosed. This should be located after the "Effective Rate Review Information" section.

Changed Items:

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III RMHMO Small Group 2014 Actuarial Memorandum (6-24-2013).pdf
Previous Version	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III RMHMO Small Group 2014 Actuarial Memorandum.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Julie Andrews

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/31/2013
Submitted Date	06/03/2013

Dear Nichole Boggess,

Introduction:

Response 1

Comments:

A benefit summary has been added to the Actuarial Memorandum supporting documents tab as requested.

Related Objection 1

Comments: Please provide a chart showing the basic plan designs to include such items as out of pocket, coinsurance, copays, and etc.

Changed Items:

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Cost Sharing HMO Small Group Deductible Safe Harbor Justification.pdf 2014 Small Group HMO Actuarial Certification 2014 01 (4-2-11).pdf Actuarial Memorandum HMO Small Group (5-31-13).xls Actuarial Memorandum HMO Small Group (5-31-13).pdf Benefit Summary Table Small Group HMO 5-31-2013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Cost Sharing HMO Small Group Deductible Safe Harbor Justification.pdf 2014 Small Group HMO Actuarial Certification 2014 01 (4-2-11).pdf Actuarial Memorandum HMO Small Group (5-31-13).xls</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Cost Sharing HMO Small Group Deductible Safe Harbor Justification.pdf 2014 Small Group HMO Actuarial Certification 2014 01 (4-2-11).pdf Actuarial Memorandum HMO Small Group (5-13-13).xls</i>

Satisfied - Item:	Rate Sample
Comments:	
Attachment(s):	Rate Sample HMO Small Group (6-30-13).xls Rate Sample HMO Small Group (6-30-13).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Sample</i>
Comments:	

SERFF Tracking #:	LEIF-129012661	State Tracking #:	278023	Company Tracking #:	LEIF-129012661
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State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Attachment(s):	<i>Rate Sample HMO Small Group (6-30-13).xls</i>
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State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Cost Sharing HMO Small Group Deductible Safe Harbor Justification.pdf 2014 Small Group HMO Actuarial Certification 2014 01 (4-2-11).pdf Actuarial Memorandum HMO Small Group (5-31-13).xls Actuarial Memorandum HMO Small Group (5-31-13).pdf Benefit Summary Table Small Group HMO 5-31-2013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Cost Sharing HMO Small Group Deductible Safe Harbor Justification.pdf 2014 Small Group HMO Actuarial Certification 2014 01 (4-2-11).pdf Actuarial Memorandum HMO Small Group (5-31-13).xls</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Cost Sharing HMO Small Group Deductible Safe Harbor Justification.pdf 2014 Small Group HMO Actuarial Certification 2014 01 (4-2-11).pdf Actuarial Memorandum HMO Small Group (5-13-13).xls</i>

Satisfied - Item:	Rate Sample
Comments:	
Attachment(s):	Rate Sample HMO Small Group (6-30-13).xls Rate Sample HMO Small Group (6-30-13).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Rate Sample</i>
Comments:	

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Attachment(s):	Rate Sample HMO Small Group (6-30-13).xls
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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

A pdf copy has been included under the supporting documents tab.

Related Objection 2

Comments: Please submit all excel files in pdf format as well.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Julie Andrews

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/28/2013
Submitted Date	05/29/2013

Dear Nichole Boggess,

Introduction:

Response 1

Comments:

The rate sample has been attached as a separate exhibit as it's own supporting document as requested.

Related Objection 1

Comments: Please provide the rate sample as a separate exhibit.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Rate Sample
Comments:	
Attachment(s):	Rate Sample HMO Small Group (6-30-13).xls

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Julie Andrews

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/20/2013
Submitted Date	05/20/2013

Dear Nichole Boggess,

Introduction:

Response 1

Comments:

The filing mode has been updated as requested through a post submission update.

Related Objection 1

Comments: Please update the requested filing mode on the general information tab to be file and use.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

The information has been updated as requested through a post submission update.

Please note that completion of these fields is not an option when selecting a New Product on the Rate/Schedule Tab. I will need to contact SERFF if the information is still not captured through the post submission update.

Related Objection 2

Comments: Please complete the following fields on the rate / rule schedule tab even if the amount is 0: Product Types: HMO / PPO / EPO / POS / HSA / HDHP / FFS / Other
Number of policy holders
Number of covered lives

Changed Items:

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

The information has been removed as requested through a post submission update.

Related Objection 3

Comments: Please verify the previous filing information on the rate / rule schedule tab. The actuarial memorandum states this is a new product while this reflects a previous filing. Please see the following information:

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: 0.000 %

Effective Date of Last Rate Revision: 10/01/2012

Filing Method of Last Filing: SERFF

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

A revised actuarial memorandum has been attached with the requested change to Section A (2).

Related Objection 4

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (A) (2): Please update the requested rate action to 0%.

Changed Items:

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Cost Sharing HMO Small Group Deductible Safe Harbor Justification.pdf 2014 Small Group HMO Actuarial Certification 2014 01 (4-2-11).pdf Actuarial Memorandum HMO Small Group (5-31-13).xls
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Cost Sharing HMO Small Group Deductible Safe Harbor Justification.pdf 2014 Small Group HMO Actuarial Certification 2014 01 (4-2-11).pdf Actuarial Memorandum HMO Small Group (5-13-13).xls</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

A revised actuarial memorandum has been attached with the requested change to Section L. Data requirements clearly indicating the data as for a comparable product.

Related Objection 5

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Please verify the data requirements tab that reflects this as an existing product as section (A) of the actuarial memorandum indicates this is for a new product.

Changed Items:

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Cost Sharing HMO Small Group Deductible Safe Harbor Justification.pdf 2014 Small Group HMO Actuarial Certification 2014 01 (4-2-11).pdf Actuarial Memorandum HMO Small Group (5-31-13).xls
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Cost Sharing HMO Small Group Deductible Safe Harbor Justification.pdf 2014 Small Group HMO Actuarial Certification 2014 01 (4-2-11).pdf Actuarial Memorandum HMO Small Group (5-13-13).xls</i>

No Form Schedule items changed.

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted

SERFF Tracking #:

LEIF-129012661

State Tracking #:

278023

Company Tracking #:

LEIF-129012661

State:

Colorado

Filing Company:

Rocky Mountain HMO

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

HMO Small Group

Project Name/Number:

January 2014 HMO Small Group Filing/

Rate/Rule Schedule Item Changes

1	2014 HMO SG Filing	<p>HMO_NWF_Silver_SG _1500_70_35_CD_01_ 01012014, HMO_NWF_Silver_SG _2000_70_45_CD_01_ 01012014, HMO_CSHP_Silver_S G_1500_70_35_CD_0 1_01012014, HMO_CSHP_Silver_S G_2000_70_45_CD_0 1_01012014, HMO_NWF_Bronze_H SA_SG_3250_70_45_ CD_01_01012014, HMO_CSHP_Bronze_ HSA_SG_3250_70_45_ _CD_01_01012014, HMO_NWF_Gold_SG_ 500_80_35_CD_01_01 012014, HMO_CSHP_Gold_SG_ _500_80_35_CD_01_0 1012014, HMO_NWF_Silver_SG _1500_70_35_NCD_0 1_01012014, HMO_NWF_Silver_SG _2000_70_45_NCD_0 1_01012014, HMO_CSHP_Silver_S</p>	New		January 2014 Rates & Factors HMO Small Group (5-13-13).xls,	05/20/2013 By: Julie Andrews
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SERFF Tracking #:

LEIF-129012661

State Tracking #:

278023

Company Tracking #:

LEIF-129012661

State:

Colorado

Filing Company:

Rocky Mountain HMO

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

HMO Small Group

Project Name/Number:

January 2014 HMO Small Group Filing/

Rate/Rule Schedule Item Changes

G_1500_70_35_NCD_01_01012014,
HMO_CSHP_Silver_S
G_2000_70_45_NCD_01_01012014,
HMO_NWF_Bronze_H
SA_SG_3250_70_45_NCD_01_01012014,
HMO_CSHP_Bronze_HSA_SG_3250_70_45_NCD_01_01012014,
HMO_NWF_Gold_SG_500_80_35_NCD_01_01012014,
HMO_CSHP_Gold_SG_500_80_35_NCD_01_01012014,
HMO_Summit_Silver_SG_1500_70_35_CD_01_01012014,
HMO_Summit_Silver_SG_2000_70_45_CD_01_01012014,
HMO_Summit_Silver_SG_2000_70_40_CD_01_01012014,
HMO_Summit_Bronze_SG_4500_60_50_CD_01_01012014,
HMO_Summit_HSA_Bronze_SG_3250_70_4

SERFF Tracking #:

LEIF-129012661

State Tracking #:

278023

Company Tracking #:

LEIF-129012661

State: Colorado

Filing Company: Rocky Mountain HMO

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name: HMO Small Group

Project Name/Number: January 2014 HMO Small Group Filing/

Rate/Rule Schedule Item Changes

5_CD_01_01012014,
HMO_Summit_Gold_S
G_500_80_35_CD_01
_01012014,
HMO_Summit_Gold_S
G_650_80_35_CD_01
_01012014,
HMO_Summit_Silver_
SG_1500_70_35_NCD
_01_01012014,
HMO_Summit_Silver_
SG_2000_70_45_NCD
_01_01012014,
HMO_Summit_Silver_
SG_2000_70_40_NCD
_01_01012014,
HMO_Summit_Bronze
_SG_4500_60_50_NC
D_01_01012014,
HMO_Summit_HSA_B
ronze_SG_3250_70_4
5_NCD_01_01012014,
HMO_Summit_Gold_S
G_500_80_35_NCD_0
1_01012014,
HMO_Summit_Gold_S
G_650_80_35_NCD_0
1_01012014

[Previous Version](#)

SERFF Tracking #:

LEIF-129012661

State Tracking #:

278023

Company Tracking #:

LEIF-129012661

State:

Colorado

Filing Company:

Rocky Mountain HMO

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

HMO Small Group

Project Name/Number:

January 2014 HMO Small Group Filing/

Rate/Rule Schedule Item Changes

1	2014 HMO SG Filing	<p>HMO_NWF_Silver_SG Revised</p> <p>_1500_70_35_CD_01_01012014,</p> <p>HMO_NWF_Silver_SG</p> <p>_2000_70_45_CD_01_01012014,</p> <p>HMO_CSHP_Silver_S</p> <p>G_1500_70_35_CD_01_01012014,</p> <p>HMO_CSHP_Silver_S</p> <p>G_2000_70_45_CD_01_01012014,</p> <p>HMO_NWF_Bronze_H</p> <p>SA_SG_3250_70_45_CD_01_01012014,</p> <p>HMO_CSHP_Bronze_H</p> <p>SA_SG_3250_70_45_CD_01_01012014,</p> <p>HMO_NWF_Gold_SG_500_80_35_CD_01_01012014,</p> <p>HMO_CSHP_Gold_SG_500_80_35_CD_01_01012014,</p> <p>HMO_NWF_Silver_SG_1500_70_35_NCD_01_01012014,</p> <p>HMO_NWF_Silver_SG_2000_70_45_NCD_01_01012014,</p> <p>HMO_CSHP_Silver_S</p>		<p>Previous State Filing Number:</p> <p>LEIF-128597507</p> <p>Percent Rate Change Request:</p>	<p>January 2014 Rates & Factors HMO Small Group (5-13-13).xls,</p>	<p>05/14/2013</p> <p>By: Julie Andrews</p>
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SERFF Tracking #:

LEIF-129012661

State Tracking #:

278023

Company Tracking #:

LEIF-129012661

State:

Colorado

Filing Company:

Rocky Mountain HMO

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

HMO Small Group

Project Name/Number:

January 2014 HMO Small Group Filing/

Rate/Rule Schedule Item Changes

G_1500_70_35_NCD_
 01_01012014,
 HMO_CSHP_Silver_S
 G_2000_70_45_NCD_
 01_01012014,
 HMO_NWF_Bronze_H
 SA_SG_3250_70_45_
 NCD_01_01012014,
 HMO_CSHP_Bronze_
 HSA_SG_3250_70_45_
 _NCD_01_01012014,
 HMO_NWF_Gold_SG_
 500_80_35_NCD_01_
 01012014,
 HMO_CSHP_Gold_SG_
 _500_80_35_NCD_01_
 _01012014,
 HMO_Summit_Silver_
 SG_1500_70_35_CD_
 01_01012014,
 HMO_Summit_Silver_
 SG_2000_70_45_CD_
 01_01012014,
 HMO_Summit_Silver_
 SG_2000_70_40_CD_
 01_01012014,
 HMO_Summit_Bronze_
 _SG_4500_60_50_CD_
 _01_01012014,
 HMO_Summit_HSA_B
 ronze_SG_3250_70_4

SERFF Tracking #:

LEIF-129012661

State Tracking #:

278023

Company Tracking #:

LEIF-129012661

State: Colorado

Filing Company:

Rocky Mountain HMO

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name: HMO Small Group

Project Name/Number: January 2014 HMO Small Group Filing/

Rate/Rule Schedule Item Changes

5_CD_01_01012014,
HMO_Summit_Gold_S
G_500_80_35_CD_01
_01012014,
HMO_Summit_Gold_S
G_650_80_35_CD_01
_01012014,
HMO_Summit_Silver_
SG_1500_70_35_NCD
_01_01012014,
HMO_Summit_Silver_
SG_2000_70_45_NCD
_01_01012014,
HMO_Summit_Silver_
SG_2000_70_40_NCD
_01_01012014,
HMO_Summit_Bronze
_SG_4500_60_50_NC
D_01_01012014,
HMO_Summit_HSA_B
ronze_SG_3250_70_4
5_NCD_01_01012014,
HMO_Summit_Gold_S
G_500_80_35_NCD_0
1_01012014,
HMO_Summit_Gold_S
G_650_80_35_NCD_0
1_01012014

Conclusion:

Sincerely,

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Julie Andrews

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/16/2013
Submitted Date	05/16/2013

Dear Nichole Boggess,

Introduction:

Response 1

Comments:

The binder has been submitted for your review.

Related Objection 1

Comments: Please submit the binder so a complete review can be completed.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	URRTFinalRMHMOSG.xlsx URRTRMHMOSG5-17-2013.xls
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>URRTFinalRMHMOSG.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Unified Rate Review Template</i>
Comments:	
Attachment(s):	<i>UnifiedRateReviewSubmissionRMHMOSG_20130512122438.xml</i>

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

The pre-finalized template is attached in an .xls format. The finalized version can't be saved down to .xls as that format will truncate much of the data.

Related Objection 2

Applies To:

- Unified Rate Review Template (Supporting Document)

Comments: Please attach the XLS version of the Unified Rate Review Template.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Julie Andrews

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Amendment Letter

Submitted Date: 05/15/2013

Comments:

This amendment is to reload the finalized URRT data as an xls file as requested by the Division.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	URRTFinalRMHMOSG.xlsx
Previous Version	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	UnifiedRateReviewSubmissionRMHMOSG_20130512122438.xml

State: Colorado
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: HMO Small Group
Project Name/Number: January 2014 HMO Small Group Filing/

Note To Filer

Created By:

Nichole Boggess on 08/09/2013 12:50 PM

Last Edited By:

Nichole Boggess

Submitted On:

08/09/2013 12:50 PM

Subject:

Disposition Letter

Comments:

Revised disposition letter sent.

State: Colorado **Filing Company:** Rocky Mountain HMO
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: HMO Small Group
Project Name/Number: January 2014 HMO Small Group Filing/

Note To Reviewer

Created By:

Julie Andrews on 05/13/2013 03:40 PM

Last Edited By:

Nichole Boggess

Submitted On:

05/21/2013 10:48 AM

Subject:

Binder #RCKY-CO14-125000925

Comments:

Please reference the additional information provided in the Binder #RCKY-CO14-125000925

State: Colorado
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: HMO Small Group
Project Name/Number: January 2014 HMO Small Group Filing/
Filing Company: Rocky Mountain HMO

Post Submission Update Request Processed On 05/22/2013

Status: Allowed
Created By: Julie Andrews
Processed By: Nichole Boggess
Comments:

General Information:

Field Name	Requested Change	Prior Value
Requested Filing Mode	File & Use	Review & Approval

Rate Information:

Field Name	Requested Change	Prior Value
Effective Date of Last revision		10/01/2012

Company Rate Information:

Company Name: Rocky Mountain HMO

Field Name	Requested Change	Prior Value
HMO - Covered Lives	0	
HMO - Policy Holders	0	

SERFF Tracking #:

LEIF-129012661

State Tracking #:

278023

Company Tracking #:

LEIF-129012661

State: Colorado

Filing Company: Rocky Mountain HMO

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name: HMO Small Group

Project Name/Number: January 2014 HMO Small Group Filing/

Form Schedule

Lead Form Number: HMO_NWF_Silver_SG_1500_70_35_CD_01_01012014

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		New West Focus HMO Silver - Deductible \$1500/70%/Copay \$35 (w/Child Dental)	HMO_NWF_Silver_SG_1500_70_35_CD_01_01012014	POL	Other			
2		New West Focus HMO Silver - Deductible \$2000/70%/Copay \$45 (w/Child Dental)	HMO_NWF_Silver_SG_2000_70_45_CD_01_01012014	POL	Other			
3		Colorado Springs Health Partners HMO Silver - Deductible \$1500/70%/Copay \$35 (w/Child Dental)	HMO_CSH_P_Silver_SG_1500_70_35_CD_01_01012014	POL	Other			
4		Colorado Springs Health Partners HMO Silver - Deductible \$2000/70%/Copay \$45 (w/Child Dental)	HMO_CSH_P_Silver_SG_2000_70_45_CD_01_01012014	POL	Other			

SERFF Tracking #:

LEIF-129012661

State Tracking #:

278023

Company Tracking #:

LEIF-129012661

State: Colorado

Filing Company: Rocky Mountain HMO

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name: HMO Small Group

Project Name/Number: January 2014 HMO Small Group Filing/

Lead Form Number: HMO_NWF_Silver_SG_1500_70_35_CD_01_01012014

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
5		New West Focus HMO Bronze HSA - Deductible \$3250/70%/Copay \$45 (w/Child Dental)	HMO_NWF_Bronze_HSA_SG_3250_70_45_CD_01_01012014	POL	Other			
6		Colorado Springs Health Partners HMO Bronze HSA - Deductible \$3250/70%/Copay \$45 (w/Child Dental)	HMO_CSH_P_Bronze_HSA_SG_3250_70_45_CD_01_01012014	POL	Other			
7		New West Focus HMO Gold - Deductible \$500/80%/Copay \$35 (w/Child Dental)	HMO_NWF_Gold_SG_500_80_35_CD_01_01012014	POL	Other			
8		Colorado Springs Health Partners HMO Gold - Deductible \$500/80%/Copay \$35 (w/Child Dental)	HMO_CSH_P_Gold_SG_500_80_35_CD_01_01012014	POL	Other			

SERFF Tracking #:

LEIF-129012661

State Tracking #:

278023

Company Tracking #:

LEIF-129012661

State: Colorado

Filing Company: Rocky Mountain HMO

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name: HMO Small Group

Project Name/Number: January 2014 HMO Small Group Filing/

Lead Form Number: HMO_NWF_Silver_SG_1500_70_35_CD_01_01012014

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
9		New West Focus HMO Silver - Deductible \$1500/70%/Copay \$35	HMO_NWF_Silver_SG_1500_70_35_NCD_01_01012014	POL	Other			
10		New West Focus HMO Silver - Deductible \$2000/70%/Copay \$45	HMO_NWF_Silver_SG_2000_70_45_NCD_01_01012014	POL	Other			
11		Colorado Springs Health Partners HMO Silver - Deductible \$1500/70%/Copay \$35	HMO_CSH_P_Silver_SG_1500_70_35_NCD_01_01012014	POL	Other			
12		Colorado Springs Health Partners HMO Silver - Deductible \$2000/70%/Copay \$45	HMO_CSH_P_Silver_SG_2000_70_45_NCD_01_01012014	POL	Other			
13		New West Focus HMO Bronze HSA - Deductible \$3250/70%/Copay \$45	HMO_NWF_Bronze_HSA_SG_3250_70_45_NCD_01_01012014	POL	Other			

SERFF Tracking #:

LEIF-129012661

State Tracking #:

278023

Company Tracking #:

LEIF-129012661

State: Colorado

Filing Company: Rocky Mountain HMO

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name: HMO Small Group

Project Name/Number: January 2014 HMO Small Group Filing/

Lead Form Number: HMO_NWF_Silver_SG_1500_70_35_CD_01_01012014

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
14		Colorado Springs Health Partners HMO Bronze HSA - Deductible \$3250/70%/Copay \$45	HMO_CSH_P_Bronze_HSA_SG_3250_70_45_NCD_01_01012014	POL	Other			
15		New West Focus HMO Gold - Deductible \$500/80%/Copay \$35	HMO_NWF_Gold_SG_500_80_35_NCD_01_01012014	POL	Other			
16		Colorado Springs Health Partners HMO Gold - Deductible \$500/80%/Copay \$35	HMO_CSH_P_Gold_SG_500_80_35_NCD_01_01012014	POL	Other			
17		Rocky Mountain Summit HMO Silver - Deductible \$1500/70%/Copay \$35 (w/Child Dental)	HMO_Summit_Silver_SG_1500_70_35_CD_01_01012014	POL	Other			
18		Rocky Mountain Summit HMO Silver - Deductible \$2000/70% Copay \$45 (w/Child Dental)	HMO_Summit_Silver_SG_2000_70_45_CD_01_01012014	POL	Other			

SERFF Tracking #:

LEIF-129012661

State Tracking #:

278023

Company Tracking #:

LEIF-129012661

State: Colorado

Filing Company:

Rocky Mountain HMO

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name: HMO Small Group

Project Name/Number: January 2014 HMO Small Group Filing/

Lead Form Number: HMO_NWF_Silver_SG_1500_70_35_CD_01_01012014

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
19		Rocky Mountain Summit HMO Silver - Deductible \$2000/70%/Copay \$40 (w/Child Dental)	HMO_Summit_Silver_SG_2000_70_40_CD_01_01012014	POL	Other			
20		Rocky Mountain Summit HMO Bronze - Deductible \$4500/60%/Copay \$50 (w/Child Dental)	HMO_Summit_Bronze_SG_4500_60_50_CD_01_01012014	POL	Other			
21		Rocky Mountain Summit HMO Bronze HSA - Deductible \$3250/70%/Copay \$45 (w/Child Dental)	HMO_Summit_HSA_Bronze_SG_3250_70_45_CD_01_01012014	POL	Other			
22		Rocky Mountain Summit HMO Gold - Deductible \$500/80%/Copay \$35 (w/Child Dental)	HMO_Summit_Gold_SG_500_80_35_CD_01_01012014	POL	Other			
23		Rocky Mountain Summit HMO Gold - Deductible \$650/80%/Copay \$35 (w/Child Dental)	HMO_Summit_Gold_SG_650_80_35_CD_01_01012014	POL	Other			

SERFF Tracking #:

LEIF-129012661

State Tracking #:

278023

Company Tracking #:

LEIF-129012661

State: Colorado

Filing Company: Rocky Mountain HMO

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name: HMO Small Group

Project Name/Number: January 2014 HMO Small Group Filing/

Lead Form Number: HMO_NWF_Silver_SG_1500_70_35_CD_01_01012014

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
24		Rocky Mountain Summit HMO Silver - Deductible \$1500/70%/Copay \$35	HMO_Summit_Silver_SG_1500_70_35_NCD_01_01012014	POL	Other			
25		Rocky Mountain Summit HMO Silver - Deductible \$2000/70%/Copay \$45	HMO_Summit_Silver_SG_2000_70_45_NCD_01_01012014	POL	Other			
26		Rocky Mountain Summit HMO Silver - Deductible \$2000/70%/Copay \$40	HMO_Summit_Silver_SG_2000_70_40_NCD_01_01012014	POL	Other			
27		Rocky Mountain Summit HMO Bronze - Deductible \$4500/60%/Copay \$50	HMO_Summit_Bronze_SG_4500_60_50_NCD_01_01012014	POL	Other			

State: Colorado **Filing Company:** Rocky Mountain HMO
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: HMO Small Group
Project Name/Number: January 2014 HMO Small Group Filing/

Lead Form Number: HMO_NWF_Silver_SG_1500_70_35_CD_01_01012014								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
28		Rocky Mountain Summit HMO Bronze HSA - Deductible \$3250/70%/Copay \$45	HMO_Summit_HSA_Bronze_SG_3250_70_45_NCD_01_01012014	POL	Other			
29		Rocky Mountain Summit HMO Gold - Deductible \$500/80%/Copay \$35	HMO_Summit_Gold_SG_500_80_35_NCD_01_01012014	POL	Other			
30		Rocky Mountain Summit HMO Gold - Deductible \$650/80%/Copay \$35	HMO_Summit_Gold_SG_650_80_35_NCD_01_01012014	PJK	Other			

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages
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State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):	
Rocky Mountain HMO	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%	
Product Type:		HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:		0							
Policy Holders:		0							

State: Colorado**Filing Company:** Rocky Mountain HMO**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO**Product Name:** HMO Small Group**Project Name/Number:** January 2014 HMO Small Group Filing/

Rate Review Detail

State: Colorado
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: HMO Small Group
Project Name/Number: January 2014 HMO Small Group Filing/

COMPANY:

Company Name: Rocky Mountain HMO
HHS Issuer Id: 97879
Product Names: New West Focus HMO, Colorado Springs Health Partners HMO, Rocky Mountain Summit HMO
Trend Factors: Annual medical trend of 8.1% and pharmacy trend of 5.8% was assumed in the development of the rates.

FORMS:

New Policy Forms: HMO_NWF_Silver_SG_1500_70_35_CD_01_01012014,
HMO_NWF_Silver_SG_2000_70_45_CD_01_01012014,
HMO_CSHP_Silver_SG_1500_70_35_CD_01_01012014,
HMO_CSHP_Silver_SG_2000_70_45_CD_01_01012014,
HMO_NWF_Bronze_HSA_SG_3250_70_45_CD_01_01012014,
HMO_CSHP_Bronze_HSA_SG_3250_70_45_CD_01_01012014,
HMO_NWF_Gold_SG_500_80_35_CD_01_01012014,
HMO_CSHP_Gold_SG_500_80_35_CD_01_01012014,
HMO_NWF_Silver_SG_1500_70_35_NCD_01_01012014,
HMO_NWF_Silver_SG_2000_70_45_NCD_01_01012014,
HMO_CSHP_Silver_SG_1500_70_35_NCD_01_01012014,
HMO_CSHP_Silver_SG_2000_70_45_NCD_01_01012014,
HMO_NWF_Bronze_HSA_SG_3250_70_45_NCD_01_01012014,
HMO_CSHP_Bronze_HSA_SG_3250_70_45_NCD_01_01012014,
HMO_NWF_Gold_SG_500_80_35_NCD_01_01012014,
HMO_CSHP_Gold_SG_500_80_35_NCD_01_01012014,
HMO_Summit_Silver_SG_1500_70_35_CD_01_01012014,
HMO_Summit_Silver_SG_2000_70_45_CD_01_01012014,
HMO_Summit_Silver_SG_2000_70_40_CD_01_01012014,
HMO_Summit_Bronze_SG_4500_60_50_CD_01_01012014,
HMO_Summit_HSA_Bronze_SG_3250_70_45_CD_01_01012014,
HMO_Summit_Gold_SG_500_80_35_CD_01_01012014,
HMO_Summit_Gold_SG_650_80_35_CD_01_01012014,
HMO_Summit_Silver_SG_1500_70_35_NCD_01_01012014,
HMO_Summit_Silver_SG_2000_70_45_NCD_01_01012014,
HMO_Summit_Silver_SG_2000_70_40_NCD_01_01012014,
HMO_Summit_Bronze_SG_4500_60_50_NCD_01_01012014,
HMO_Summit_HSA_Bronze_SG_3250_70_45_NCD_01_01012014,
HMO_Summit_Gold_SG_500_80_35_NCD_01_01012014,
HMO_Summit_Gold_SG_650_80_35_NCD_01_01012014

Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Quarterly
Member Months: 156,997
Benefit Change: Increase

State: Colorado **Filing Company:** Rocky Mountain HMO
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: HMO Small Group
Project Name/Number: January 2014 HMO Small Group Filing/

Percent Change Requested: Min: 0.0 Max: 0.0 Avg: 0.0

PRIOR RATE:

Total Earned Premium: 0.00
Total Incurred Claims: 0.00
Annual \$: Min: 0.00 Max: 0.00 Avg: 0.00

REQUESTED RATE:

Projected Earned Premium: 85,770,360.00
Projected Incurred Claims: 65,132,148.00
Annual \$: Min: 136.91 Max: 1,744.93 Avg: 459.10

SERFF Tracking #:	LEIF-129012661	State Tracking #:	278023	Company Tracking #:	LEIF-129012661
State:	Colorado	Filing Company:	Rocky Mountain HMO		
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO				
Product Name:	HMO Small Group				
Project Name/Number:	January 2014 HMO Small Group Filing/				

Rate/Rule Schedule

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
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SERFF Tracking #:

LEIF-129012661

State Tracking #:

278023

Company Tracking #:

LEIF-129012661

State:

Colorado

Filing Company:

Rocky Mountain HMO

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

HMO Small Group

Project Name/Number:

January 2014 HMO Small Group Filing/

1		2014 HMO SG Filing	HMO_NWF_Silver_SG_1500_70_35_CD_01_01012014, HMO_NWF_Silver_SG_2000_70_45_CD_01_01012014, HMO_CSHP_Silver_SG_1500_70_35_CD_01_01012014, HMO_CSHP_Silver_SG_2000_70_45_CD_01_01012014, HMO_NWF_Bronze_HSA_SG_3250_70_45_CD_01_01012014, HMO_CSHP_Bronze_HSA_SG_3250_70_45_CD_01_01012014, HMO_NWF_Gold_SG_500_80_35_CD_01_01012014, HMO_CSHP_Gold_SG_500_80_35_CD_01_01012014, HMO_NWF_Silver_SG_1500_70_35_NCD_01_01012014, HMO_NWF_Silver_SG_2000_70_45_NCD_01_01012014, HMO_CSHP_Silver_SG_1500_70_35_NCD_01_01012014, HMO_CSHP_Silver_SG_2000_70_45_NCD_01_01012014, HMO_NWF_Bronze_HSA_SG_3250_70_45_NCD_01_01012014, HMO_CSHP_Bronze_HSA_SG_3250_70_45_NCD_01_010	New		January 2014 Rates & Factors HMO Small Group (7-12-13).xls,
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SERFF Tracking #:

LEIF-129012661

State Tracking #:

278023

Company Tracking #:

LEIF-129012661

State:

Colorado

Filing Company:

Rocky Mountain HMO

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

HMO Small Group

Project Name/Number:

January 2014 HMO Small Group Filing/

12014,
HMO_NWF_Gold_SG_500_80
_35_NCD_01_01012014,
HMO_CSHP_Gold_SG_500_8
0_35_NCD_01_01012014,
HMO_Summit_Silver_SG_150
0_70_35_CD_01_01012014,
HMO_Summit_Silver_SG_200
0_70_45_CD_01_01012014,
HMO_Summit_Silver_SG_200
0_70_40_CD_01_01012014,
HMO_Summit_Bronze_SG_45
00_60_50_CD_01_01012014,
HMO_Summit_HSA_Bronze_S
G_3250_70_45_CD_01_01012
014,
HMO_Summit_Gold_SG_500_
80_35_CD_01_01012014,
HMO_Summit_Gold_SG_650_
80_35_CD_01_01012014,
HMO_Summit_Silver_SG_150
0_70_35_NCD_01_01012014,
HMO_Summit_Silver_SG_200
0_70_45_NCD_01_01012014,
HMO_Summit_Silver_SG_200
0_70_40_NCD_01_01012014,
HMO_Summit_Bronze_SG_45
00_60_50_NCD_01_01012014
,
HMO_Summit_HSA_Bronze_S
G_3250_70_45_NCD_01_010

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

			12014, HMO_Summit_Gold_SG_500_ 80_35_NCD_01_01012014, HMO_Summit_Gold_SG_650_ 80_35_NCD_01_01012014			
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State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Attachment January 2014 Rates & Factors HMO Small Group (7-12-13).xls is not a PDF document and cannot be reproduced here.

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Supporting Document Schedules

Bypassed - Item:	HR-1 Form (H)
Bypass Reason:	Based on guidance from the Division, this document is no longer required.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	This is an initial product filing. The requirement criteria is not satisfied for this filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Part III RMHMO Small Group 2014 Actuarial Memorandum (7-12-2013).pdf
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	URRTRMHMOSG (rev 7-12-2013 v97).xls UnifiedRateReviewSubmissionHMOSGv071213_2013071112268.xml
Item Status:	
Status Date:	

Satisfied - Item:	Vaughn Index
Comments:	
Attachment(s):	2014 HMO Small Group Vaughn Index 2014 01.pdf
Item Status:	
Status Date:	

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Satisfied - Item:	Letter of Auth
Comments:	
Attachment(s):	HMO Letter of Authorization For 2014 SERFF Filing.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Cost Sharing HMO Small Group Deductible Safe Harbor Justification.pdf 2014 Small Group HMO Actuarial Certification 2014 01 (4-2-11).pdf Benefit Summary Table Small Group HMO 5-31-2013.pdf Actuarial Memorandum HMO Small Group (7-12-13).pdf Actuarial Memorandum HMO Small Group (7-12-13).xls
Item Status:	
Status Date:	

Satisfied - Item:	Rate Sample
Comments:	
Attachment(s):	Rate Sample HMO Small Group (7-12-13) Final.xls Rate Sample HMO Small Group (7-12-13) Final.pdf
Item Status:	
Status Date:	

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Attachment URRTRMHMOSG (rev 7-12-2013 v97).xls is not a PDF document and cannot be reproduced here.

Attachment UnifiedRateReviewSubmissionHMOSGv071213_2013071112268.xml is not a PDF document and cannot be reproduced here.

Attachment Actuarial Memorandum HMO Small Group (7-12-13).xls is not a PDF document and cannot be reproduced here.

Attachment Rate Sample HMO Small Group (7-12-13) Final.xls is not a PDF document and cannot be reproduced here.

ACTUARIAL MEMORANDUM AND CERTIFICATION

Re: Rocky Mountain HMO
2014 Small Group Plan Rates

Date: May 3, 2013, revised June 24, 2013, revised July 12, 2013

General Information

Company Identifying Information

- Company Legal Name: Rocky Mountain HMO
- State: Colorado
- HIOS Issuer ID: 97879
- Market: Small Group
- Effective Date: January 1, 2014

Company Contact Information

- Primary Contact Name: Barry Barak
- Primary Contact Telephone Number: 970-244-7978
- Primary Contact Email Address: Barry.Barak@rmhp.org

Proposed Rate Increase(s)

This filing is for new QHP products that will be sold through the Colorado Exchange as well as in the small group market outside the Exchange. This is not a rate increase.

Experience Period Premium and Claims

Non-grandfathered experience data incurred in 2012 and paid through February 28, 2013 with the inclusion of capitation payments is shown in Worksheet 1. The experience is adjusted for IBNR based on historical claim lag averages to project future claims payments.

Benefit Categories

The benefit categories were segregated by place of service, inpatient benefits were measured by admits, while outpatient benefits were measured by a day of service. Ambulatory professional benefits were split into "Professional" and "Other". "Other" services include DME, Ambulance, Home Health, Medical and Surgical Supplies, Home Health and Other Services. These benefit categories are measured based on the number of services provided. Pharmacy services are based on script count normalized to 30 days while capitation is stated as cost per member.

Projection Factors

Changes in Morbidity of the Population Insured: No Adjustment

Other Adjustments: This factor includes adjustments for required EHB coverage.

Trend Factors: The trend numbers are based on an analysis of historical trend and expectations of future costs and utilization.

Credibility Manual Rate Development

Source and Appropriateness of Experience Data Used

The allowed claims experience of Rocky Mountain HMO's existing small group grandfathered and non-grandfathered business was used as a starting point for the development of the new 2014 products. The combined experience was utilized to maximize the credibility of the experience. Adjustments were made for demographics, morbidity, geographic area, benefits, and trend. Rocky Mountain HMO's small group product line 2012 data included \$60.4 million in allowed claims and approximately 157,000 member months.

Adjustments Made to the Data

The proposed 2014 rates were impacted by the following factors:

- There are many new benefits that must be covered, such as pediatric vision, pediatric dental, women's wellness, and habilitative benefits. These changes all added significant cost to the new plan designs.
- Annual increases in the cost of health care are expected to continue, since there are no inherent cost controls in the new plan designs.
- New fees and taxes include the following:
 - An Exchange fee of 1.4%
 - A health insurance provider fee
 - A charge for risk adjustment and data collection
 - The patient-centered outcomes research tax
 - The \$5.25 PMPM transitional reinsurance contribution

The following bullets describe the development of the 2014 small group rates. The numbers shown below do not coincide with the numbers in the URRT, since we did not develop the rates in the way demonstrated in the URRT. The development of the numbers in the URRT is described later in this memorandum.

We made the following adjustments to the 2012 allowed claims for the existing small group business in the development of the 2014 allowed claim estimates.

- We first developed an allowed 2012 PMPM for each category of service: Inpatient, Outpatient, Professional, Other, Capitation and Pharmacy. The experience contained a mix of pharmacy plan types, but only those plans covering generic and brand drugs were included in the development and were adjusted for rebates.
- Using the current member distribution by age, we calculated the average age factor using the mandated 2014 age factors. The average age factor was 1.483.
- Using the current member family size, we calculated an adjustment factor to recognize the 2014 cap on the number of child rates. The adjustment factor was 0.988.
- New geographic factors were created for the eleven new rating regions defined by the State of Colorado. The combined individual and small group experience of the affiliated companies Rocky Mountain HMO and Rocky Mountain Health Care Options was used to develop the cost difference by rating region. The experience of the two companies was combined to increase the credibility of experience in each region and was appropriate due to the minimal differential in provider contracting between the two companies. The average factor for the sample population was 0.936.

- We then normalized the allowed claim experience to a factor of 1.00, which would be that for a member aged 21-24, by dividing by the three prior factors.
- We evaluated the cost impact of new essential health benefits, which included the following:
 - Pediatric vision
 - Pediatric dental
 - Women's wellness benefits
 - Habilitative care

We estimated that these new benefits would add \$13.77 PMPM to the allowed claims.

- We then trended the claim costs to 2014, using a 7.8% trend factor for 24 months. The 7.8% trend was developed from historical claim experience and adjusted for historical changes in demographics and mix of business.

We further adjusted the claim costs to a market-wide gross premium rate by making the following additional adjustments.

- We adjusted for expected commercial reinsurance recoveries. The company will also have a traditional reinsurance policy for this line of business with an attachment point of \$800,000 in 2014. We reduced allowed claims by 0.1% for expected recoveries from this policy.
- We added non-claim expense items for fixed costs, administration, taxes and fees. The expenses are described later in this memorandum.
- The final 2014 gross premium index rate (using our definition as the single market-wide premium rate that all factors are applied to) is \$468.34. Quarterly renewal index rates were developed using the assumed annual trend factor of 7.8% applied quarterly. All other factors for plan design, age, geographic location, and tobacco use are applied against this gross premium rate to arrive at the rates for each individual member. This is explained further later in this memorandum.

Credibility of Experience

No experience period claims are provided in the Unified Rate Review Template (URRT), since this is not a rate increase, therefore no credibility was assigned to experience. The Colorado standard for fully credible data is 2,000 life years and 2,000 claims. Both standards must be met within a maximum of three years, if the proposed rates are based on claims experience. The formula for determining the amount of credibility to assign to the data is $\text{SQRT}\{(\# \text{life years or claims}) / \text{full credibility standard}\}$.

Paid to Allowed Ratio: Development of Plan Values

Rocky Mountain HMO will offer five products in the small group market. Within each product, the company will offer plan designs with varying coverage of Pediatric Dental and network availability. The products will be sold inside and/or outside the Exchange with the same rates as indicated in the URRT.

The plan factors are shown in attached URRT. These plan factors were developed from a proprietary plan value model which uses the company's own utilization and unit costs for all components of health services. The model applies applicable plan deductibles, coinsurance, out of pocket maximums, and copays to determine the total combined value of all components of cost sharing, and compares the remaining plan cost to the total cost of care to arrive at the plan value that is used in pricing each particular plan design. The plan factors are the paid to allowed ratios for each plan.

Risk Adjustment and Reinsurance

We did not assume any risk adjustment transfers in the pricing. Any assumptions we might make about the risk profile of the population that will be insured by Rocky Mountain HMO in 2014 would be purely

speculative. We have no reason to believe that Rocky Mountain HMO will attract members with either higher or lower than average risk. Thus, assuming a risk adjustment transfer did not seem appropriate.

The small group market will not receive reinsurance payments from the transitional reinsurance program but will make reinsurance contributions. The reinsurance contribution was assumed to be \$5.25 per member per month and was added as a fixed cost in the calculation of the gross premium index rate.

Non-Benefit Expenses, Profit and Risk

Administrative Expense Load

The administrative expense load includes 17.3% for general administration, claims adjustment and commissions. This is slightly more than the general administrative expenses and claims adjustment expenses shown in the company's 2011 annual statement, the additional cost is driven by new expenses related to operating costs specific to the exchange.

Profit and Risk Margin

The rate development assumes 3.0% for margin and contingencies, which includes both profit and risk margin.

Taxes and Fees

The taxes and fees that have been included in the development of the gross premium index rate are as follows:

Item	Estimated % of Premium
Health Insurance Provider Tax	0.77%
Exchange Fee	1.40%
Patient Centered Outcomes Research Tax	0.04%
Risk Adjustment and Data Collection	0.02%
Transitional Reinsurance Contribution	1.16%
Total	3.39%

Projected Loss Ratio

The projected loss ratio using the federally prescribed MLR methodology is demonstrated below.

<u>Numerator</u>	
Incurring claims	\$348.93
Transitional reinsurance receipts	\$0.00
Risk corridors and risk adjustment payments	\$0.00
Risk corridors and risk adjustment related receipts	\$0.00
	<u>\$348.93</u>
<u>Denominator</u>	
Earned premiums	\$457.13
Federal and state taxes, assessments and community benefit expenditures	(\$9.14)
Licensing and regulatory fees, incl transitional reins contribs	<u>(\$15.48)</u>
	\$432.51
MLR	80.6%

Allowed Claim Index Rate

The Part I Unified Rate Review template does not demonstrate the process we used to develop the rates. Rather, it represents information required by Federal regulation to be provided for certification of qualified health plans for Federally Facilitated Exchanges and for certification that the index rate is developed in accordance with Federal regulation and is used consistently and only adjusted by the allowable modifiers.

The index rate is defined in the URRT as allowed claims PMPM for essential health benefits. We did not calculate the rates with this starting point. We built the rates for the small group market using the methodology described earlier in this memorandum to arrive at a gross premium index rate to which all factors could be applied to arrive at the rates for each plan and each member. We developed plan value factors (also described earlier in this memorandum) and calculated the claim and premium estimates for each plan. We then developed an estimate of projected enrollment in each plan to arrive at average cost sharing, incurred claims, and premium across the small group single risk pool.

For all other plans, we assumed an average age factor of 1.483. We assumed an equal distribution of members across all eleven of the geographic areas, with an average factor of 0.936. The average tobacco factor allowed by the State of Colorado for individual plans is 1.15. Due to the template limitations on varying the tobacco factor by age for 2014, the plan will use a factor of 1.000 for 2014. We did not make any adjustments for morbidity in the Catastrophic plan, assuming that morbidity is adequately reflected in the age factors for the ages that are allowed to purchase that plan.

The average rate for each of the plans was developed by multiplying the gross premium index rate times the plan factor times the average age factor times the average geographic factor times the average tobacco factor for each plan. The average rate shown in the URRT is \$457.13.

With this approach, we were able to “work backwards” to develop the allowed claim index rate by removing the administrative, profit, fee, and tax loadings, adding back the reinsurance payments, and adding back the member cost sharing. This is demonstrated in the following table.

Item	PMPM
Average Premium Rate	\$457.13
Subtract Loadings for Admin, Profit, Fees, Taxes	(\$108.20)
	\$348.93
Add Net Reinsurance	\$0.00
	\$348.93
Add Member Cost Share	\$161.39
Allowed Claim Index Rate	\$510.32

AV Metal Values

The AV Metal Values included in Worksheet 2 of the Part I Unified Rate Review template were based entirely on the AV Calculator.

AV Pricing Values

The fixed reference plan used as the basis for the AV Pricing Values is a plan that pays 100% of all essential health benefits. The plan factors were developed from a proprietary plan value model which uses the company's own utilization and unit costs for all components of health services. The model applies plan deductibles, coinsurance, out of pocket maximums, and copays to determine the total combined value of all components of cost sharing, and compares the remaining plan cost to the total cost of care to arrive at the plan value that is used in pricing each particular plan design.

Membership Projections

We projected 2014 enrollment in the plans by reviewing the enrollment pattern in existing plans and assuming that current members will purchase a plan with similar value to the plan they are currently enrolled in. We assumed that the company's small group enrollment will increase by 18.5% from its current level. This is based on the Society of Actuaries study *Cost of the Future Newly Insured under the Affordable Care Act (ACA)*, February 2013 that projected the potential growth of the small group market in 2014. We are projecting that 23.2% of the members will purchase the product with pediatric dental. We assumed that all of the new entrants to the market will purchase plans in the same proportion as the current distribution. The quarterly distribution was based on the renewal distribution of the existing plans. Based on these assumptions, our 2014 enrollment projections are shown in the URRT.

Terminated Products

Non ACA-compliant products will no longer be offered to new enrollees effective January 1, 2014 but will remain in effect in 2014 until enrollees renew onto ACA-compliant products.

Plan Type

Plan type HMO, which adequately describes the plans being offered, has been selected for all plans.

Warning Alerts

There are two warning alerts in Worksheet 2, as follows:

- **Line 82, Total Premium.** The difference between the two numbers is \$7, out of a total of \$85.4 million. We assume this to be due to rounding differences. The warning requires an exact match which cannot be achieved unless all rounding protocols are the same. We respectfully suggest that this requirement be changed to allow for small rounding differences.
- **Line 86, Total Allowed Claims.** The difference between the two numbers is approximately the net amount of reinsurance. We understand that the definition for this line says that net reinsurance should be subtracted. However, reinsurance is subtracted again in line 93, so if line 86 is completed as defined, then the lines below will not match and will create warnings. We respectfully suggest that this be corrected with a future version of the URRT.

Reliance

I relied on information provided by Rocky Mountain Health Plans and publicly available to develop the 2014 premium rates. This information includes, but is not limited to the following:

- Administrative cost projections,
- Expected commissions by product,
- Product design information,
- Provider network information including discount data.

Actuarial Certification

I, Julie A. Andrews, am associated with the firm of Leif Associates, Inc. I am a member of the American Academy of Actuaries and have been retained by Rocky Mountain HMO, to perform this rate development. I meet the Academy qualification standards for performing this assignment.

The Part I Unified Rate Review template does not demonstrate the process used to develop the rates. Rather, it represents information required by Federal regulation to be provided for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and is used consistently and only adjusted by the allowable modifiers.

I hereby certify that:

- The rates were developed in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)).
- The rates were developed in compliance with the applicable Actuarial Standards of Practice.
- The rates are reasonable in relation to the benefits provided and the population anticipated to be covered.
- Based on information currently available, the rates are believed to be neither excessive nor deficient.
- The index rate and only the allowable modifiers as described in 45 CFR 156.80 (d)(1) and 45 CFR 156.80 (d)(2) were used to generate plan level rates.
- The percent of total premium that represents essential health benefits in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
- The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.



Julie A. Andrews, FSA, MAAA
Consulting Actuary
Leif Associates, Inc.
1515 Arapahoe St., Tower 1, Suite 530
Denver, CO 80202
(303) 294-0994

May 3, 2013

VAUGHN INDEX

REQUEST FOR CONFIDENTIAL OR PRIVILEGED STATUS

Please fill out this form and submit it with your filing of information or documents with the Colorado Division of Insurance in the event you are requesting confidential or privileged status for all or a portion of such information or documents. It is your responsibility to both claim and validate your request for confidential or privileged status.

1. Identification of Party Requesting Confidential or Privileged Status:

Name: Barry Barak, Director of Rating

Company: Rocky Mountain HMO

Address: 2775 Crossroads Blvd.
Grand Junction, CO 81506-8758

Telephone: 970-244-7978

Facsimile: 970-248-5080

2. Identification of Information or Documents for Which Confidential or Privileged Status is Requested:

No.	Description of Document	Date	Author	Recipient	Identify Confidentiality or Privilege Claimed (cite legal authority if known)	Reason why it applies
01	January 1, 2014 Small Group Rate Filing Exhibit C1 – Rate Development Methodology	5/15/13	Barry Barak	Tom Abel	Trade secrets and confidential commercial and financial data are not subject to public inspection or disclosure. 24-72-204(3)(a)(IV), CRS. HMO's rating practices constitute trade secrets and contain confidential commercial and financial data. Such data is not subject to public inspection or disclosure.	This exhibit is a narrative of the premium rate build-up that is presented in the tables and formulas included in subsequent exhibits of this filing. The formulas and data discussed in this exhibit form the core of our rating practices and calculations and are, as such, proprietary and confidential. Confidential items contained in this exhibit include medical and pharmacy cost and utilization trends; hospital and physician reimbursement trends; the impact of demographic changes; details of medical expense components; and actual PMPM dollar amounts used in determining premium adequacy and the need for a rate change. While we affirm that the percentage change to the Index Rate (and the new Index Rate) that results from these

						<p>inputs and calculations is an item subject to public disclosure, we hold that the inputs and calculations themselves are not.</p> <p>While Expense Loading on a Percent-of-Premium basis is being made public elsewhere in this filing, this exhibit contains the actual PMPM dollars underlying that percentage. Those amounts, although useful to the Division in evaluating this filing, are considered confidential financial data</p>
02	<p>January 1, 2014 Small Group Rate Filing</p> <p>Exhibit C2 – Rate Development</p>	5/15/13	Barry Barak	Tom Abel	<p>Trade secrets and confidential commercial and financial data are not subject to public inspection or disclosure. 24-72-204(3)(a)(IV), CRS. HMO's rating practices constitute trade secrets and contain confidential commercial and financial data. Such data is not subject to public inspection or disclosure.</p>	<p>This exhibit contains claim projection formulas and detailed claims and cost-sharing dollars, medical and Rx trend assumptions and Rx rebate information, all of which are confidential commercial and financial data and are, therefore, considered to be proprietary and not subject to public disclosure.</p> <p>This exhibit contains the actual rating formula used to determine rate adequacy and calculate required rate changes. It is the heart of our rating model and is, therefore, proprietary and not subject to disclosure. The detailed inputs to the formula include projected claims, demographic adjustments and retention components (in factor and dollar format) which are confidential commercial and financial data and not subject to disclosure.</p>
03						
04						
05						
06						

3. Name of Division Employee: _____

Date Request Received: _____



Rocky Mountain
HEALTH PLANS®

We understand Colorado. We understand you.

May 8, 2013

Leif Associates, Inc.
Elizabeth J. Leif, President
1515 Arapahoe Street, Tower 1, Suite 530
Denver, CO 80224

Dear Ms. Leif:

Please accept this letter as written confirmation that Leif Associates, Inc., has authority to submit form(s), rates, or certification(s) for Rocky Mountain HMO (HMO) through SERFF for and during the 2014 year and to act on behalf of HMO regarding such filings. HMO may withdraw this authorization at any time, by giving notice to Leif Associates, Inc.

Sincerely,

Barry Barak
Director of Rating
Rocky Mountain HMO

Cost Sharing—Supporting Documentation and Justification for Exceeding Annual Limitation on Small Group Deductibles

Please fill in the following information.

HIOS Issuer ID: 97879: Rocky Mountain HMO

Cost sharing data element: Exceeding the annual limitation on the small group limitation. Plan ID: 97879CO0100001, 97879CO0100002, 97879CO0100003, 97879CO0100004, 97879CO0130004, 97879CO0130009, 97879CO0140004, 97879CO0140010

Statement Language:

The health plans identified above exceed the annual limitation on small group deductibles. As provided in 45 C.F.R. § 156.130(b)(3), a health plan may exceed the annual deductible limit if it cannot reasonably reach a given level of coverage (i.e. metal level) without doing so. These plans meet the reasonableness exception because the plan design results in an expected average cost sharing of at least 20 percent after reaching the deductible but before reaching the out-of-pocket maximum.

Additional Explanation (optional): The annual limitation was exceeded to achieve a bronze metal level and meets the safe harbor criteria of at least 20% average cost sharing after the deductible. Bronze metal plans were developed to provide a "glide path" for current products transitioning to new products.

Actuary Signature: _____



Actuary Printed Name: Julie Andrews

Date: 5/3/2013

Version 1 13-12

ACTUARIAL CERTIFICATION

Re: Rocky Mountain HMO
Individual Rate Filing – Small Group Plans
Reference:
SERFF Filing #: LEIF-129012661
SERFF Binder Filing #: RCKY-CO14-125000925

Date: May 3, 2013

Actuarial Certification

Based on information provided to me by Rocky Mountain HMO, I hereby certify that, to the best of my knowledge and belief, the proposed rates are reasonable in relation to the benefits provided and are not inadequate, excessive, or unfairly discriminatory.



5-3-2013

Consulting Actuary
Leif Associates, Inc.
1515 Arapahoe St., Tower 1, Suite 530
Denver, CO 80202
(303) 294-0994

Rocky Mountain HMO
Small Group Benefit Summary
January 1, 2014

	SILVER PLANS			Bronze		GOLD PLAN	
Summary Name	GRP 1500-70 Copay RX	GRP 2000-70-Copay Rx	GRP 2000-70 40-60 Copay Rx	4500 60	GRP 3250 70 HDHP	GRP 500-80 Copay Rx	GRP 650-80 3500
HIOS Plan ID	97879CO0140007, 97879CO0140002, 97879CO0130007, 97879CO0130002, 97879CO0090004, 97879CO0090001	97879CO0140008, 97879CO0140003, 97879CO0130008, 97879CO0130003, 97879CO0090002, 97879CO0090005	97879CO0090006, 97879CO0090003	97879CO0100003, 97879CO0100001	97879CO0140010, 97879CO0140004, 97879CO0130009, 97879CO0130004, 97879CO0100004, 97879CO0100002	97879CO0140006, 97879CO0140001, 97879CO0130006, 97879CO0130001, 97879CO0080003, 97879CO0080001	97879CO0080004, 97879CO0080002
Deductible	\$1,500	\$2,000	\$2,000	\$4,500	\$3,250	\$500	\$650
OOP Max	\$6,350	\$6,350	\$6,000	\$6,350	\$6,350	\$3,000	\$4,000
Coinsurance	70%	70%	70%	60%	70%	80%	80%
Office Visit (OPPSA @ PCP Copay, Urgent Care @ Specialist Copay)	\$35 / \$50	\$45 / \$65	\$40 / \$60	\$55 PCP - Specialist - Ded/Coins.	After ded \$45/\$65	\$35 / \$50	\$35 / \$55
Emergency Room Copay	\$250 then deductible coinsurance applies	\$250 then deductible coinsurance applies	\$250 then deductible coinsurance applies	\$350 then deductible coinsurance applies	After Deductible 70%	\$150 then deductible coinsurance applies	\$150 then deductible coinsurance applies
Lab/Xray	\$30/\$50	\$40/\$55	\$40/\$55	After Deductible 60%	After Deductible 70%	\$30/\$50	After Deductible 80%
Rx Ded	\$0	\$0	\$0	Combined with Med.	Combined w/ Medical	\$0	\$0
Rx OOP Max	Combined with Med.	Combined with Med.	Combined with Med.	Combined with Med.	Combined w/ Medical	Combined with Med.	Combined with Med.
Rx	Tier 1 - \$15 Tier 2 - \$40 Tier 3 - \$55 Tier 4 - 70% Tier 5 - 60%	Tier 1 - \$15 Tier 2 - \$40 Tier 3 - \$55 Tier 4 - 70% Tier 5 - 60%	Tier 1 - \$15 Tier 2 - \$40 Tier 3 - \$55 Tier 4 - 70% Tier 5 - 60%	Tier 1 - \$20 (after Ded) After Rx Ded: Tier 2 - 60% Tier 3 - 60% Tier 4 - 50% Tier 5 - 50%	After ded Tier 1 - \$15 Tier 2 - \$40 Tier 3 - \$55 Tier 4 - 70% Tier 5 - 60%	Tier 1 - \$15 Tier 2 - \$40 Tier 3 - \$55 Tier 4 - 70% Tier 5 - 60%	After \$0 Ded Tier 1 - \$15 Tier 2 - \$40 Tier 3 - \$55 Tier 4 - 70% Tier 5 - 60%

ACTUARIAL MEMORANDUM		
Pursuant to Colorado Regulation 4-2-11 Section 6, rate filings must contain an Actuarial Memorandum. The Division of Insurance developed this template Memorandum, to reduce the number of returned incomplete filings. For additional information and table General filing requirements, Actuarial Certification requirements, and submission requirements are identified in Section 5 of Colorado Regulation 4-2-11. For requirements by line of business, see Section 7 of this regulation. Rate filings submitted without ALL requirements of the regulations could be disapproved or rejected by the Colorado Division of Insurance.		
Instructions/Descriptions		
Company:	Rocky Mountain HMO	Company Name
NAIC #:	95482	NAIC Company Code (CoCode)
SERFF Filing #:	LEIF-129012661	SERFF Filing Number
SERFF Binder Filing #:	RCKY-CO14-125000925	
A: SUMMARY		
1. Reason(s):	This filing is a new rate filing for new non-grandfathered products to be offered inside and outside the exchange.	A statement whether this is a new filing, a rate revision, or a new option being added to an existing form. If the filing is a rate revision, the reason for the revision should be stated.
2. Requested Rate Action:	0%	The overall rate increase or decrease amount should be listed. List rate change and average change in each component of rate changes and renewal by effective months. List 12 month renewal with changes by component and the averages by component.
3. Marketing method(s):	These plans will be marketed through the exchange and are marketed through direct sales and agents.	A brief description of the marketing method used for the filed form should be listed. (Agency/Broker, Internet, Direct Response, Other)
4. Premium Classification(s):	The premium rates may vary by age, plan design, geographic region, tobacco use, and family size.	The section should state all attributes upon which the premium rates vary. This must comply with the new rating reforms.
5. Product Description(s):	Please reference the Plan and Benefit Template provided in the Binder #RCKY-CO14-125000925	This section should describe the benefits provided by the policy. •Must include EHB and list any substitution of benefits or any additional benefits above the EHB.
6. Policy/Rider Impacted:	Please see Form Schedule tab in SERFF.	This can be completed on the form schedule tab in SERFF
7. Age Basis:	The premium charged on an attained age basis.	A statement as to whether the premiums will be charged on an issue age, attained age, renewal age or other basis and the issue age range of the form should be specified.
8. Renewability provision:	These products are guaranteed renewable.	All policies should be guaranteed renewable.
Additional Information:		
B. ASSUMPTION, MERGER OR ACQUISITION		
1. Is product part of assumption, acquisition, or merger (from or with another company)?	No, these products are not part of any assumption or acquisition.	Yes/No
Assumption:	No	Yes/No
Acquisition:	No	Yes/No
Merger:	No	Yes/No
2. If yes, provide name of company(s):	NA	Company Name
3. Closing Date of assumption, merger or acquisition:	NA	DD/MM/YYYY
Additional Information:	NA	
C. RATING PERIOD		The memorandum must identify the period for which the rates will be effective.
Proposed Effective Date: (may not say "upon approval")	1/1/2014	Date (DD/MM/YYYY)
Rating Period:	Quarterly	(Annual, Semi-Annual, Quarterly, Other)
Rating Period Dates:	1/1/2014 to 12/31/2014	DD/MM/YYYY to DD/MM/YYYY
D. EFFECT OF LAW CHANGES		
Identify and quantify changes resulting from mandated benefits and other law changes:	<p>Effective January 1, 2014, the provisions of federal health care reform (PPACA) to make care affordable and accessible for all Americans by requiring for example, that health plans cover Essential Health Benefits on a guaranteed issue basis. In addition, the exchange provisions of the regulation will be fully implemented along with the fees associated with the exchange. Included are the Women's Preventive Services implemented August 2012 providing specified preventive services without cost sharing. Per the May 6, 2013 "Carrier EHB Instructions.pdf" Benefit Specific Instructions provided for the Plans and Benefits Template, RMHP has utilized both Option 1 and Option 2 as described here:</p> <ul style="list-style-type: none">• Anesthesia – (Option 2): Other anesthesia is addressed via the explanation field under "Outpatient Surgery" and "Inpatient Hospital benefit" as coinsurance after deductible. Dental Anesthesia is currently called out separately in the template – addressed as such with limitation for children who meet certain criteria.• Breast Reconstruction Surgery – (Option 2): Addressed in template under "Reconstructive Surgery" via the Exclusion section: "Services and supplies not specifically listed as covered in the Evidence of Coverage, such as breast reconstruction except as part of a mastectomy."• Cardiac Rehabilitation – (Option 2): Addressed in template via explanation field under "Outpatient Rehabilitation Services" – coinsurance after deductible.• Pulmonary Rehabilitation – (Option 2): Addressed in template under "Outpatient Rehabilitation Services" – coinsurance after deductible.• Autism Spectrum Disorders – (Option 1): Added Benefit• Hearing Exams – (Option 1): Added Benefit• Smoking Cessation Program – (Option 2): Addressed in template via explanation field under "Preventive Care/Screening/Immunization" – Includes Smoking Cessation .• Contraceptive Services – (Option 1): Added Benefit titled "Outpatient Contraceptive Services Including Sterilizations". Included this Exclusion language "Over-the-counter contraceptive drugs or devices which do not require a prescription, except those listed as included in the RMHP formulary, abortifacient drugs, reversal of voluntary sterilization, services and procedures to verify the success of reversal of voluntary sterilization."	<p>The memorandum should identify, quantify, and adequately support any changes to the rates, expenses, and/or medical costs that result from changes in law(s) or regulation(s), including federal, state or local. All applicable benefit mandates should be listed, including those with no rating impact. This quantification must include the effect of specific mandated benefits and anticipated changes both individually by benefit, as well as for all benefits combined.</p>

Additional Information:	Additional information regarding the impact of the various implementation elements of the 2014 PPACA regulation may be found in Exhibit C1.	
E. RATE HISTORY		
Provide rate changes made in at least the last three years (If available) N/A (Initial Filing)	Complete tab "Rate History"	
F: COORDINATION OF BENEFITS		
Provides actual loss experience net of any savings:	Rocky Mountain HMO coordinates benefits on its small group policies. The loss experience used in setting the rates is net of any collection of subrogation or coordination of benefits amounts and results in an equitable reduction in premiums for all policyholders.	Each rate filing must reflect actual loss experience net of any savings associated with coordination of benefits and/or subrogation.
Additional Information:	NA	
G. RELATIONSHIP OF BENEFITS TO PREMIUM		
Description	Percentage	
Commissions	2.9%	The memorandum must adequately support the reasonableness of the relationship of the projected benefits to projected earned premiums for the rating period.
General expenses	14.5%	
Premium taxes	0.0%	
Profit/Contingencies	4.1%	
PPACA Fees	1.4%	
Exchange Fees	2.0%	
Investment Income	-1.1%	
Other		
Total Retention:	23.7%	
Targeted Loss Ratio:	76.3%	(This number should equal 1 minus the total retention percentage listed above.)
H. PROVISION FOR PROFIT AND CONTINGENCIES		
1. Provision for Profit and Contingencies:	3 % Pre-FIT After tax	The memorandum must identify the percentage of the provision for profit and contingencies, and how this provision is included in the final rate. If material, investment income from unearned premium reserves, reserves from incurred losses, and reserves from incurred but not reported losses must be considered in the ratemaking process. Detailed support must be provided for any proposed load.
2. Proposed load in excess of 7% after tax.	NA	
Provide detailed support:	The proposed rates contain a 3.0% provision for profit/contingencies, including investment income	
Additional Information:	NA	
I. DETERMINATION OF PROPOSED RATES		
Include all underlying rating assumptions, with detailed support for each assumption. This explanation may be on an aggregate expected loss basis or as a per-member-per-month (PMPM) basis. (this can be attached with support in a pdf document)		The memorandum must contain a section with a complete explanation as to how the proposed rates were determined, including all underlying rating assumptions, with detailed support for each assumption. This includes all rating factors.
1. Explain, in detail, how rates and/or rate changes were developed:	The premium rates for the new HMO Small Group plans were based on the following steps: <ul style="list-style-type: none">• The allowed claim costs underlying the various plans were trended to the rating period beginning January 1, 2014.• The trended claim costs were adjusted for the anticipated impact of federal health reform measures that have become effective and will be effective on January 1, 2014. These adjustments include Women's Wellness effective August 1, 2012,• The trended claims costs were adjusted for the mix of business to determine the indicated HMO Small Group Base Rate. These adjustments include age, family mix and geographic mix.• The adjusted trended claims costs were adjusted for retention components, new taxes and exchange fees to generate the full index rate for the single risk pool.	
2. Provide adequate support for all assumptions and methodologies used:	Additional detail supporting all assumptions may be found in Exhibit C1.	
J. TREND		
Additional support and information must be provided on the "Historical Trend" and "Normalized Trend" tabs		Describe the trend assumptions used in pricing. Each assumption must be separately discussed, adequately supported, and must also be appropriate for the specific line of business, product design, benefit configuration, and time period. Any and all factors affecting the projection of future claims must be presented and adequately supported. The Total Average Annualized Trend MUST be filled out. Underwriting wearoff means the gradual increase from initial low expected claims that result from underwriting selection to higher expected claims for later (ultimate) durations. Underwriting wearoff does not apply to guaranteed issue products.
Itemized trend component	Trend (%)	
MEDICAL TREND (total)	0.081	
Medical provider price increase	0.081	
Utilization changes	0	
Medical cost shifting		
Medical procedures and new technology		
INSURANCE TREND (total)		
Underwriting wearoff		

Deductible leveraging		
Anti-selection		
PHARMACEUTICAL TREND (total)	0.058	
Price increases	-0.019	
Utilization changes	0.034	
Cost shifting		
Introduction of new brand and generic drugs	0.043	
TOTAL AVERAGE ANNUALIZED TREND (required)	0.078	
Additional information:	Additional detail supporting all assumptions may be found in Exhibit C1.	
K. CREDIBILITY		
1. Credibility Percentage (Colorado Only):	100 % If other, please specify	The Colorado standard for fully credible data is 2,000 life years and 2,000 claims. Both standards must be met within a maximum of three years, if the proposed rates are based on claims experience. Discuss the credibility of the Colorado data with the proposed rates based upon as much Colorado data as possible. Identify and discuss the source, applicability and use of collateral data used to support partially credible Colorado data. The use of collateral data is only acceptable if the Colorado data does not meet the full credibility standard. The formula for determining the amount of credibility to assign to the data is $\text{SQRT}\{(\#\text{life years or claims})/\text{full credibility standard}\}$. The full credibility standard is defined above
The above credibility percentage is based upon:	The data meets both credibility criteria, life years and claims for Colorado.	
Other (please specify)	NA	
2. Number of years of data used to calculate above credibility percentage:	1	
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable.	The experience data was based on 156,997 member months with 320,092 claims.	
Additional Information: (including collateral data, if used)	NA	
L. DATA REQUIREMENTS	Complete tab "Data Requirements"	
M. SIDE-BY-SIDE COMPARISON	Complete tab "Side by Side Comparison"	
N. BENEFITS RATIO PROJECTIONS	Complete tab "Projected Benefits Ratio"	
O. OTHER FACTORS		
Identify and provide support for other rating factors and definitions, including area factors, age factors, gender factors, etc.:	A complete set of rates and rating factors effective January 1, 2014 can be found in Worksheet "Rate Manual" of this file.	The memorandum must clearly display or clearly reference all other rating factors and definitions, including the area factors, age factors, gender factors, etc., and support for each of these factors in a new rate filing. The same level of support for changes to any of these factors must be included in renewal rate filings. In addition, the Commissioner expects each carrier to review each of these rating factors at least every five years and provide detailed support for the continued use of each of these factors in a rate filing. Gender factors shall not vary for individual health care coverage effective on or after January 1, 2011. See Section 8.C of this regulation.
Additional Information:	The requested "Rate Sample" based on (a. 40 year old non-smoker b. Each metal level c. Each Network if multiple networks in an area) as specified in the FAQ response to Question 3, dated 4/30/2013 is attached as a separate document.	

E. RATE HISTORY					
Provide rate changes made in at least the last three years (If available) N/A (Initial Filing)					
COLORADO					
State Tracking Number		% OF CHANGE			
or SERFF Tracking Number	Effective Date	Minimum	Average	Maximum	Cumulative for past 12 Months
NATIONWIDE					
Effective Date	Average % of change	Cumulative for past 12 Months			
Additional Information:					

L. DATA REQUIREMENTS										
Colorado-only basis for at least 3 years. Include national, regional or other appropriate basis, if the Colorado data is not fully credible. The experience period must include consecutive data no older than 9 months prior to the proposed										
COLORADO										
Year*	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Total Estimated IBNR Claims	Loss Ratio	Average Covered Lives	Number of Claims	Colorado On Rate Level Premium		
2010	\$69,375,160	\$49,146,543	\$49,130,065	-\$16,478	70.8%	186,582	384,896	\$74,602,947		
2011	\$64,535,651	\$48,490,594	\$48,273,121	-\$217,473	74.8%	161,337	340,427	\$64,508,986		
2012	\$63,321,698	\$46,952,179	\$46,950,057	-\$2,123	74.1%	156,997	320,092	\$63,321,698		
2013	NA	NA	NA	NA	NA	NA	NA	NA		
*This column should be Calendar Year. If fractional year is used, identify period as MM/YYYY – MM/YYYY										
Above data is for:	Comparable Product	The above data represents the Rocky Mountain HMO Small Group product portfolio.								
OTHER DATA										
Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Total Estimated IBNR Claims	Average Covered Lives	Number of Claims				
2010	\$6,520,801	\$5,086,801	\$5,086,801		17,122	37,165				
2011	\$23,434,326	\$22,533,873	\$22,533,873		70,595	151,931				
2012	\$22,797,885	\$17,373,743	\$17,321,027	-\$52,715	59,260	118,176				
2013	NA									
Above data is for:	Comparable Product	The above additional data represents the existing nongrandfathered portion of the Rocky Mountain HMOs small group portfolio.								
Experience Period: (From ____ to ____)	January 2010 through December 2012, paid through February 2013									
Additional Information:										

M. SIDE-BY-SIDE COMPARISON			
If the proposed rating factor(s) are new, the memorandum must specifically so state, and provide detailed support for each of the factors.			
Description	Current Rate/ Rating Factor/ Rating Variable	Proposed Rate/ Rating Factor/ Rating Variable	Percentage Increase/ Decrease
If the above table is not used, please identify the location of the Side-by-Side Comparison in the rate filing:			
Description and detailed support for new rating factor(s):		This is an initial product filing, all factors are new. Please see Exhibit C1 for detailed support.	
Additional Information:			

N. PROJECTED EXPERIENCE FOR RATING PERIOD			
	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	NA	NA	NA
Projected Experience With Rate Change	\$ 85,410,577.84	\$ 65,194,100.60	76.3%
Additional Information	This is an initial product filing, therefore, the "without rate change" is not applicable. The projected benefits ratio is below the 4-2-11 small group guideline of 80.0% and is actuarially justified by the additional coverage of 3.4% of PPACA and Exchange fees under the product.		

In this Model the health plan will only be asked to enter data shown in Red, the other cells are all calculated as part of the State's Evaluation Model

Step 1:

Enter Your Member and Claim Information for the most Recent 4 Years. If your plan has less than 4 years of data then enter the amount since plan inception.
The most recent month should be within 6 months of the date that you filed rates. Enter the most recent month in Row# 48.

Month Through Which Claims are Paid: Feb-13

			Medical		Pharmacy		Medical	Pharmacy	Total
			Total	Estimated	Total	Estimated	12-Month	12-Month	12-Month
Row #	Month	Members	Incurred Claims	IBNR Claims	Incurred Claims	IBNR Claims	pmpm Trend	pmpm Trend	pmpm Trend
1	200901	22,684	\$4,256,228	\$0	\$574,584	\$0			
2	200902	22,179	\$5,638,677	\$0	\$529,893	\$0			
3	200903	21,666	\$4,852,209	\$0	\$593,521	\$0			
4	200904	21,042	\$4,957,818	\$0	\$580,270	\$0			
5	200905	20,432	\$4,689,457	\$0	\$607,927	\$0			
6	200906	19,699	\$4,862,818	\$0	\$595,275	\$0			
7	200907	19,310	\$4,360,671	\$0	\$568,873	\$0			
8	200908	18,986	\$4,150,756	\$0	\$571,085	\$0			
9	200909	18,667	\$5,056,486	\$0	\$541,587	\$0			
10	200910	18,290	\$4,509,798	\$0	\$589,434	\$0			
11	200911	18,077	\$4,637,596	\$0	\$570,274	\$0			
12	200912	17,215	\$4,618,582	\$0	\$623,155	\$0			
13	201001	16,798	\$3,106,424	\$0	\$455,342	\$0			
14	201002	16,565	\$3,146,884	\$0	\$477,429	\$0			
15	201003	16,302	\$3,743,801	\$0	\$518,541	\$0			
16	201004	15,926	\$3,474,438	\$0	\$533,563	\$0			
17	201005	15,689	\$4,081,420	\$0	\$516,209	\$0			
18	201006	15,556	\$3,987,939	\$0	\$551,241	\$0			
19	201007	15,335	\$3,532,829	\$0	\$549,331	\$0			
20	201008	15,217	\$3,850,006	\$0	\$582,394	\$0			
21	201009	15,020	\$2,981,735	\$0	\$544,555	\$0			
22	201010	14,917	\$3,521,086	\$0	\$520,951	\$0			
23	201011	14,663	\$3,368,044	(\$7,882)	\$551,865	\$0			
24	201012	14,594	\$3,952,185	(\$8,596)	\$598,332	\$0	-3.58%	17.36%	-1.29%
25	201101	14,322	\$3,295,672	(\$14,707)	\$416,504	\$0	-2.33%	17.40%	-0.16%
26	201102	14,176	\$4,220,276	(\$14,775)	\$486,306	\$0	3.60%	17.21%	5.15%
27	201103	13,921	\$3,560,150	(\$16,215)	\$499,092	\$0	4.21%	16.96%	5.67%
28	201104	13,802	\$3,286,403	(\$15,483)	\$471,833	\$0	5.56%	15.34%	6.71%
29	201105	13,637	\$3,416,652	(\$16,239)	\$523,878	\$0	4.08%	15.89%	5.46%
30	201106	13,373	\$3,166,263	(\$15,695)	\$522,343	\$0	3.13%	15.30%	4.56%
31	201107	13,141	\$3,643,673	(\$16,360)	\$497,907	\$0	4.45%	13.95%	5.58%
32	201108	13,089	\$2,912,892	(\$18,506)	\$633,040	\$0	2.09%	13.97%	3.52%
33	201109	12,986	\$3,296,551	(\$17,018)	\$562,752	\$0	6.83%	13.53%	7.66%
34	201110	12,986	\$3,478,696	(\$22,089)	\$627,341	\$0	8.40%	16.02%	9.36%
35	201111	12,941	\$3,761,809	(\$23,980)	\$612,796	\$0	11.78%	16.60%	12.40%
36	201112	12,963	\$3,929,893	(\$26,404)	\$667,875	\$0	13.00%	17.85%	13.63%
37	201201	13,134	\$3,239,060	(\$44,871)	\$474,490	\$0	11.64%	18.91%	12.58%
38	201202	13,111	\$2,852,595	(\$45,985)	\$511,356	\$0	4.62%	18.44%	6.37%
39	201203	13,061	\$3,315,333	(\$50,253)	\$510,230	\$0	3.56%	18.08%	5.40%
40	201204	12,989	\$3,231,347	(\$44,764)	\$481,038	\$0	3.13%	18.60%	5.08%
41	201205	13,010	\$3,001,221	(\$54,045)	\$511,179	\$0	2.78%	17.33%	4.65%
42	201206	13,109	\$2,886,314	(\$60,920)	\$521,168	\$0	2.85%	16.58%	4.63%
43	201207	13,077	\$3,485,775	(\$63,829)	\$508,351	\$0	0.82%	16.28%	2.81%
44	201208	13,171	\$3,690,438	(\$91,913)	\$558,330	\$0	3.67%	12.56%	4.84%
45	201209	13,077	\$3,760,969	(\$100,364)	\$482,998	\$0	2.60%	9.47%	3.50%
46	201210	13,071	\$4,008,459	(\$121,755)	\$544,308	\$0	2.60%	4.97%	2.92%
47	201211	13,008	\$3,789,280	\$335,956	\$562,089	\$0	1.53%	2.03%	1.60%
48	201212	13,179	\$3,450,229	\$340,622	\$575,622	\$0	0.20%	-1.66%	-0.05%

			Medical		Pharmacy		One Year Trends		
Start Month	End Month	Members Months	Total Incurred Claims	Estimated IBNR Claims	Total Incurred Claims	Estimated IBNR Claims	Medical Trend	Pharmacy Trend	Total Trend
200901	200912	238,247	56,591,096	0	6,945,877	0			
201001	201012	186,582	42,746,790	-16,478	6,399,753	0	-3.6%	17.4%	-1.3%
201101	201112	161,337	41,968,928	-217,473	6,521,666	0	13.0%	17.9%	13.6%
201201	201212	156,997	40,711,020	-2,123	6,241,159	0	0.2%	-1.7%	-0.1%

In this Model the health plan will only be asked to enter data shown in **Red**, the other cells are all calculated as part of the State's Evaluation Model

Enter Your Member and Normalized Claim Information for the most Recent 4 Years. If your plan has less than 4 years of data then enter the amount since plan inception. The most recent month should be within 6 months of the date that you filed rates. Enter the most recent month in Row# 48. Claims should be normalized for demographic changes, benefit changes, uw wear-off if applicable, and any other rating factors that are appropriate to normalize for.

Month Through Which Claims are Paid: Feb-13

			Medical	Pharmacy	Medical	Pharmacy	Total
			Normalized	Normalized	12-Month	12-Month	12-Month
Row #	Month	Members	Incurred Claims	Incurred Claims	pmpm Trend	pmpm Trend	pmpm Trend
1	200901	22,684	\$5,277,823	\$912,771			
2	200902	22,179	\$6,992,605	\$841,775			
3	200903	21,666	\$6,017,294	\$942,853			
4	200904	21,042	\$6,148,261	\$921,803			
5	200905	20,432	\$5,815,464	\$965,739			
6	200906	19,699	\$6,030,451	\$945,640			
7	200907	19,310	\$5,407,731	\$903,699			
8	200908	18,986	\$5,147,412	\$907,212			
9	200909	18,667	\$6,270,621	\$860,352			
10	200910	18,290	\$5,592,665	\$936,361			
11	200911	18,077	\$5,751,150	\$905,923			
12	200912	17,215	\$5,727,571	\$989,929			
13	201001	16,798	\$3,907,423	\$680,753			
14	201002	16,565	\$3,958,316	\$713,775			
15	201003	16,302	\$4,709,150	\$775,239			
16	201004	15,926	\$4,370,331	\$797,697			
17	201005	15,689	\$5,133,825	\$771,752			
18	201006	15,556	\$5,016,240	\$824,125			
19	201007	15,335	\$4,443,778	\$821,270			
20	201008	15,217	\$4,842,739	\$870,700			
21	201009	15,020	\$3,750,583	\$814,130			
22	201010	14,917	\$4,429,007	\$778,841			
23	201011	14,663	\$4,226,589	\$825,058			
24	201012	14,594	\$4,960,453	\$894,529	-2.21%	10.45%	-0.48%
25	201101	14,322	\$4,064,829	\$592,913	-1.12%	10.58%	0.47%
26	201102	14,176	\$5,210,249	\$692,280	4.64%	10.45%	5.45%
27	201103	13,921	\$4,390,627	\$710,481	5.01%	10.32%	5.75%
28	201104	13,802	\$4,052,384	\$671,677	6.14%	8.92%	6.53%
29	201105	13,637	\$4,212,815	\$745,765	4.39%	9.54%	5.12%
30	201106	13,373	\$3,903,279	\$743,580	3.17%	9.10%	4.01%
31	201107	13,141	\$4,493,924	\$708,794	4.24%	7.94%	4.77%
32	201108	13,089	\$3,585,892	\$901,163	1.64%	8.03%	2.55%
33	201109	12,986	\$4,063,055	\$801,104	6.09%	7.70%	6.33%
34	201110	12,986	\$4,282,435	\$893,050	7.37%	10.19%	7.79%
35	201111	12,941	\$4,630,843	\$872,344	10.42%	10.86%	10.49%
36	201112	12,963	\$4,836,082	\$950,752	11.30%	12.22%	11.44%
37	201201	13,134	\$4,073,571	\$658,800	10.33%	13.38%	10.79%
38	201202	13,111	\$3,579,288	\$709,987	3.76%	13.13%	5.13%
39	201203	13,061	\$4,163,979	\$708,424	3.09%	13.00%	4.54%
40	201204	12,989	\$4,063,870	\$667,892	3.01%	13.72%	4.57%
41	201205	13,010	\$3,758,554	\$709,740	3.04%	12.73%	4.46%
42	201206	13,109	\$3,603,244	\$723,610	3.46%	12.26%	4.76%
43	201207	13,077	\$4,364,031	\$705,814	1.82%	12.22%	3.35%
44	201208	13,171	\$4,589,224	\$775,207	5.07%	8.90%	5.64%
45	201209	13,077	\$4,668,394	\$670,612	4.36%	6.15%	4.63%
46	201210	13,071	\$4,956,741	\$755,738	4.77%	1.98%	4.34%
47	201211	13,008	\$5,260,941	\$780,426	4.08%	-0.68%	3.36%
48	201212	13,179	\$4,834,498	\$799,216	3.14%	-4.08%	2.04%

Start Month	End Month	Members Months	Medical Total Incurred Claims	Pharmacy Total Incurred Claims	One Year Trends		
					Medical Trend	Pharmacy Trend	Total Trend
200901	200912	238,247	70,179,047	11,034,056			
201001	201012	186,582	53,748,433	9,567,871	-2.2%	10.4%	-0.5%
201101	201112	161,337	51,726,414	9,283,902	11.3%	12.2%	11.4%
201201	201212	156,997	51,916,334	8,665,465	3.1%	-4.1%	2.0%

Rocky Mountain HMO
Small Group Rating Factors
January 1, 2014

Base Rate 1/1/2014	\$	468.34
Base Rate 4/1/2014	\$	477.20
Base Rate 7/1/2014	\$	486.23
Base Rate 10/1/2014	\$	495.43

Geographic Rating Area	Description	Counties	Geographic Rating Factor
Rating Area 1	Boulder MSA	Boulder	1.11
Rating Area 2	Colorado Springs MSA	El Paso, Teller	0.86
Rating Area 3	Denver MSA	Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, Park	0.97
Rating Area 4	Fort Collins MSA	Larimer	1.21
Rating Area 5	Mesa MSA	Mesa	0.86
Rating Area 6	Greeley MSA	Weld	1.16
Rating Area 7	Pueblo MSA	Pueblo	1.11
Rating Area 8	East South	Alamosa, Baca, Bent, Chaffee, Cheyenne, Conejos, Costilla, Crowley, Custer, Fremont, Huefano, Kiowa, Kit Carson, Las Animas, Lincoln, Mineral, Otero, Prowers, Rio Grande, Saguache	1.06
Rating Area 9	East North	Logan, Morgan, Phillips, Sedgwick, Washington, Yuma	1.36
Rating Area 10	West	Archuleta, Delta, Dolores, Grand, Gunnison, Hinsdale, Jackson, La Plata, Lake Moffat, Montezuma, Montrose, Ouray, Rio Blanco, Routt, San Juan, San Miguel	1.01
Rating Area 11	Resort	Eagle, Garfield, Pitkin, Summit	1.40

PPACA Age Bracket	Age Factor	Tobacco Factor
0 - 20	0.635	1.000
21	1.000	1.000
22	1.000	1.000
23	1.000	1.000
24	1.000	1.000
25	1.004	1.000
26	1.024	1.000
27	1.048	1.000
28	1.087	1.000
29	1.119	1.000
30	1.135	1.000
31	1.159	1.000
32	1.183	1.000
33	1.198	1.000
34	1.214	1.000
35	1.222	1.000
36	1.230	1.000
37	1.238	1.000
38	1.246	1.000
39	1.262	1.000
40	1.278	1.000
41	1.302	1.000
42	1.325	1.000
43	1.357	1.000
44	1.397	1.000
45	1.444	1.000
46	1.500	1.000
47	1.563	1.000
48	1.635	1.000
49	1.706	1.000
50	1.786	1.000
51	1.865	1.000
52	1.952	1.000
53	2.040	1.000
54	2.135	1.000
55	2.230	1.000
56	2.333	1.000
57	2.437	1.000
58	2.548	1.000
59	2.603	1.000
60	2.714	1.000
61	2.810	1.000
62	2.873	1.000
63	2.952	1.000
64+	3.000	1.000
Family Rate Cap: No more than three covered children under the age of 21 will be taken into account in determining the family premium.		

Plan Name	Plan ID	Plan Factor
Rocky Mountain Summit HMO Gold - Deductible \$500/80%/Copay \$35 (w/Child Dental)	97879CO0080001	0.835
Rocky Mountain Summit HMO Gold - Deductible \$650/80%/Copay \$35 (w/Child Dental)	97879CO0080002	0.811
Rocky Mountain Summit HMO Gold - Deductible \$500/80%/Copay \$35	97879CO0080003	0.821
Rocky Mountain Summit HMO Gold - Deductible \$650/80%/Copay \$35	97879CO0080004	0.797
Rocky Mountain Summit HMO Silver - Deductible \$1500/70%/Copay \$35 (w/Child Dental)	97879CO0090001	0.692
Rocky Mountain Summit HMO Silver - Deductible \$2000/70% Copay \$45 (w/Child Dental)	97879CO0090002	0.675
Rocky Mountain Summit HMO Silver - Deductible \$2000/70%/Copay \$40 (w/Child Dental)	97879CO0090003	0.680
Rocky Mountain Summit HMO Silver - Deductible \$1500/70%/Copay \$35	97879CO0090004	0.680
Rocky Mountain Summit HMO Silver - Deductible \$2000/70%/Copay \$45	97879CO0090005	0.664
Rocky Mountain Summit HMO Silver - Deductible \$2000/70%/Copay \$40	97879CO0090006	0.669
Rocky Mountain Summit HMO Bronze - Deductible \$4500/60%/Copay \$50 (w/Child Dental)	97879CO0100001	0.579
Rocky Mountain Summit HMO Bronze HSA - Deductible \$3250/70%/Copay \$45 (w/Child Dental)	97879CO0100002	0.603
Rocky Mountain Summit HMO Bronze - Deductible \$4500/60%/Copay \$50	97879CO0100003	0.569
Rocky Mountain Summit HMO Bronze HSA - Deductible \$3250/70%/Copay \$45	97879CO0100004	0.592
New West Focus HMO Gold - Deductible \$500/80%/Copay \$35 (w/Child Dental)	97879CO0130001	0.752
New West Focus HMO Silver - Deductible \$1500/70%/Copay \$35 (w/Child Dental)	97879CO0130002	0.623
New West Focus HMO Silver - Deductible \$2000/70%/Copay \$45 (w/Child Dental)	97879CO0130003	0.608
New West Focus HMO Bronze HSA - Deductible \$3250/70%/Copay \$45 (w/Child Dental)	97879CO0130004	0.543
New West Focus HMO Gold - Deductible \$500/80%/Copay \$35	97879CO0130006	0.739
New West Focus HMO Silver - Deductible \$1500/70%/Copay \$35	97879CO0130007	0.612
New West Focus HMO Silver - Deductible \$2000/70%/Copay \$45	97879CO0130008	0.598
New West Focus HMO Bronze HSA - Deductible \$3250/70%/Copay \$45	97879CO0130009	0.533
Colorado Springs Health Partners HMO Gold - Deductible \$500/80%/Copay \$35 (w/Child Dental)	97879CO0140001	0.793
Colorado Springs Health Partners HMO Silver - Deductible \$1500/70%/Copay \$35 (w/Child Dental)	97879CO0140002	0.657
Colorado Springs Health Partners HMO Silver - Deductible \$2000/70%/Copay \$45 (w/Child Dental)	97879CO0140003	0.641
Colorado Springs Health Partners HMO Bronze HSA - Deductible \$3250/70%/Copay \$45 (w/Child Dental)	97879CO0140004	0.573
Colorado Springs Health Partners HMO Gold - Deductible \$500/80%/Copay \$35	97879CO0140006	0.780
Colorado Springs Health Partners HMO Silver - Deductible \$1500/70%/Copay \$35	97879CO0140007	0.646
Colorado Springs Health Partners HMO Silver - Deductible \$2000/70%/Copay \$45	97879CO0140008	0.631
Colorado Springs Health Partners HMO Bronze HSA - Deductible \$3250/70%/Copay \$45	97879CO0140010	0.562

**Rocky Mountain HMO
Small Group Rating Sample
January 1, 2014**

Part Name	Part ID	Material Component	Qty	Metal Type	Rating Area	Network	Manual Rate
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000001	Gold	9787900000000001	Standard	Rating Area 1	Standard	\$564.79
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000002	Gold	9787900000000002	Standard	Rating Area 2	Standard	\$429.80
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000003	Gold	9787900000000003	Standard	Rating Area 4	Standard	\$604.74
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000004	Gold	9787900000000004	Standard	Rating Area 5	Standard	\$420.80
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000005	Gold	9787900000000005	Standard	Rating Area 6	Standard	\$579.74
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000006	Gold	9787900000000006	Standard	Rating Area 7	Standard	\$569.79
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000007	Gold	9787900000000007	Standard	Rating Area 8	Standard	\$529.77
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000008	Gold	9787900000000008	Standard	Rating Area 9	Standard	\$679.70
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000009	Gold	9787900000000009	Standard	Rating Area 10	Standard	\$504.77
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000010	Gold	9787900000000010	Standard	Rating Area 11	Standard	\$669.80
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000011	Gold	9787900000000011	Standard	Rating Area 12	Standard	\$538.81
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000012	Gold	9787900000000012	Standard	Rating Area 13	Standard	\$569.79
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000013	Gold	9787900000000013	Standard	Rating Area 14	Standard	\$470.85
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000014	Gold	9787900000000014	Standard	Rating Area 4	Standard	\$587.36
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000015	Gold	9787900000000015	Standard	Rating Area 5	Standard	\$417.46
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000016	Gold	9787900000000016	Standard	Rating Area 6	Standard	\$560.09
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000017	Gold	9787900000000017	Standard	Rating Area 7	Standard	\$534.84
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000018	Gold	9787900000000018	Standard	Rating Area 8	Standard	\$538.81
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000019	Gold	9787900000000019	Standard	Rating Area 9	Standard	\$666.16
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000020	Gold	9787900000000020	Standard	Rating Area 10	Standard	\$497.58
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000021	Gold	9787900000000021	Standard	Rating Area 11	Standard	\$620.27
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000022	Gold	9787900000000022	Standard	Rating Area 1	Standard	\$545.45
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000023	Gold	9787900000000023	Standard	Rating Area 2	Standard	\$422.61
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000024	Gold	9787900000000024	Standard	Rating Area 3	Standard	\$470.85
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000025	Gold	9787900000000025	Standard	Rating Area 4	Standard	\$423.66
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000026	Gold	9787900000000026	Standard	Rating Area 5	Standard	\$570.03
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000027	Gold	9787900000000027	Standard	Rating Area 6	Standard	\$545.45
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000028	Gold	9787900000000028	Standard	Rating Area 8	Standard	\$520.03
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000029	Gold	9787900000000029	Standard	Rating Area 9	Standard	\$555.65
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000030	Gold	9787900000000030	Standard	Rating Area 10	Standard	\$648.76
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000031	Gold	9787900000000031	Standard	Rating Area 11	Standard	\$488.81
Rocky Mountain Summit HMD Gold - Deductible \$500/80%/Copy \$35 (w/Child Dental)	9787900000000032	Gold	9787900000000032	Standard	Rating Area 12	Standard	\$566.78
Rocky Mountain Summit HMD Silver - Deductible \$1500/70%/Copy \$35 (w/Child Dental)	9787900000000033	Silver	9787900000000033	Standard	Rating Area 1	Standard	\$459.75
Rocky Mountain Summit HMD Silver - Deductible \$1500/70%/Copy \$35 (w/Child Dental)	9787900000000034	Silver	9787900000000034	Standard	Rating Area 2	Standard	\$356.20
Rocky Mountain Summit HMD Silver - Deductible \$1500/70%/Copy \$35 (w/Child Dental)	9787900000000035	Silver	9787900000000035	Standard	Rating Area 3	Standard	\$407.79
Rocky Mountain Summit HMD Silver - Deductible \$1500/70%/Copy \$35 (w/Child Dental)	9787900000000036	Silver	9787900000000036	Standard	Rating Area 4	Standard	\$501.17
Rocky Mountain Summit HMD Silver - Deductible \$1500/70%/Copy \$35 (w/Child Dental)	9787900000000037	Silver	9787900000000037	Standard	Rating Area 5	Standard	\$356.20
Rocky Mountain Summit HMD Silver - Deductible \$1500/70%/Copy \$35 (w/Child Dental)	9787900000000038	Silver	9787900000000038	Standard	Rating Area 6	Standard	\$488.81
Rocky Mountain Summit HMD Silver - Deductible \$1500/70%/Copy \$35 (w/Child Dental)	9787900000000039	Silver	9787900000000039	Standard	Rating Area 7	Standard	\$488.81
Rocky Mountain Summit HMD Silver - Deductible \$1500/70%/Copy \$35 (w/Child Dental)	9787900000000040	Silver	9787900000000040	Standard	Rating Area 8	Standard	\$459.75
Rocky Mountain Summit HMD Silver - Deductible \$1500/70%/Copy \$35 (w/Child Dental)	9787900000000041	Silver	9787900000000041	Standard	Rating Area 9	Standard	\$430.04
Rocky Mountain Summit HMD Silver - Deductible \$1500/70%/Copy \$35 (w/Child Dental)	9787900000000042	Silver	9787900000000042	Standard	Rating Area 10	Standard	\$561.29
Rocky Mountain Summit HMD Silver - Deductible \$1500/70%/Copy \$35 (w/Child Dental)	9787900000000043	Silver	9787900000000043	Standard	Rating Area 11	Standard	\$433.33
Rocky Mountain Summit HMD Silver - Deductible \$1500/70%/Copy \$35 (w/Child Dental)	9787900000000044	Silver	9787900000000044	Standard	Rating Area 12	Standard	\$577.87
Rocky Mountain Summit HMD Silver - Deductible \$1500/70%/Copy \$35 (w/Child Dental)	9787900000000045	Silver	9787900000000045	Standard	Rating Area 13	Standard	\$488.81
Rocky Mountain Summit HMD Silver - Deductible \$1500/70%/Copy \$35 (w/Child Dental)	9787900000000046	Silver	9787900000000046	Standard	Rating Area 14	Standard	\$488.81
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000047	Silver	9787900000000047	Standard	Rating Area 1	Standard	\$347.05
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000048	Silver	9787900000000048	Standard	Rating Area 2	Standard	\$395.90
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000049	Silver	9787900000000049	Standard	Rating Area 3	Standard	\$395.90
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000050	Silver	9787900000000050	Standard	Rating Area 4	Standard	\$488.81
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000051	Silver	9787900000000051	Standard	Rating Area 5	Standard	\$347.05
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000052	Silver	9787900000000052	Standard	Rating Area 6	Standard	\$347.05
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000053	Silver	9787900000000053	Standard	Rating Area 7	Standard	\$488.81
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000054	Silver	9787900000000054	Standard	Rating Area 8	Standard	\$488.81
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000055	Silver	9787900000000055	Standard	Rating Area 9	Standard	\$459.75
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000056	Silver	9787900000000056	Standard	Rating Area 10	Standard	\$407.79
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000057	Silver	9787900000000057	Standard	Rating Area 11	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000058	Silver	9787900000000058	Standard	Rating Area 12	Standard	\$350.03
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000059	Silver	9787900000000059	Standard	Rating Area 13	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000060	Silver	9787900000000060	Standard	Rating Area 14	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000061	Silver	9787900000000061	Standard	Rating Area 4	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000062	Silver	9787900000000062	Standard	Rating Area 5	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000063	Silver	9787900000000063	Standard	Rating Area 6	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000064	Silver	9787900000000064	Standard	Rating Area 7	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000065	Silver	9787900000000065	Standard	Rating Area 8	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000066	Silver	9787900000000066	Standard	Rating Area 9	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000067	Silver	9787900000000067	Standard	Rating Area 10	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000068	Silver	9787900000000068	Standard	Rating Area 11	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000069	Silver	9787900000000069	Standard	Rating Area 12	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000070	Silver	9787900000000070	Standard	Rating Area 13	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000071	Silver	9787900000000071	Standard	Rating Area 14	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000072	Silver	9787900000000072	Standard	Rating Area 4	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000073	Silver	9787900000000073	Standard	Rating Area 5	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000074	Silver	9787900000000074	Standard	Rating Area 6	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000075	Silver	9787900000000075	Standard	Rating Area 7	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000076	Silver	9787900000000076	Standard	Rating Area 8	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000077	Silver	9787900000000077	Standard	Rating Area 9	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000078	Silver	9787900000000078	Standard	Rating Area 10	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000079	Silver	9787900000000079	Standard	Rating Area 11	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000080	Silver	9787900000000080	Standard	Rating Area 12	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000081	Silver	9787900000000081	Standard	Rating Area 13	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000082	Silver	9787900000000082	Standard	Rating Area 14	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000083	Silver	9787900000000083	Standard	Rating Area 4	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000084	Silver	9787900000000084	Standard	Rating Area 5	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000085	Silver	9787900000000085	Standard	Rating Area 6	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000086	Silver	9787900000000086	Standard	Rating Area 7	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000087	Silver	9787900000000087	Standard	Rating Area 8	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000088	Silver	9787900000000088	Standard	Rating Area 9	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000089	Silver	9787900000000089	Standard	Rating Area 10	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000090	Silver	9787900000000090	Standard	Rating Area 11	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000091	Silver	9787900000000091	Standard	Rating Area 12	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000092	Silver	9787900000000092	Standard	Rating Area 13	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000093	Silver	9787900000000093	Standard	Rating Area 14	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000094	Silver	9787900000000094	Standard	Rating Area 4	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000095	Silver	9787900000000095	Standard	Rating Area 5	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000096	Silver	9787900000000096	Standard	Rating Area 6	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000097	Silver	9787900000000097	Standard	Rating Area 7	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000098	Silver	9787900000000098	Standard	Rating Area 8	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000099	Silver	9787900000000099	Standard	Rating Area 9	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000100	Silver	9787900000000100	Standard	Rating Area 10	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000101	Silver	9787900000000101	Standard	Rating Area 11	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000102	Silver	9787900000000102	Standard	Rating Area 12	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000103	Silver	9787900000000103	Standard	Rating Area 13	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	9787900000000104	Silver	9787900000000104	Standard	Rating Area 14	Standard	\$451.77
Rocky Mountain Summit HMD Silver - Deductible \$2000/70%/Copy \$45 (w/Child Dental)	978790						

State: Colorado

Filing Company: Rocky Mountain HMO

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name: HMO Small Group

Project Name/Number: January 2014 HMO Small Group Filing/

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/17/2013		Supporting Document	Actuarial Memorandum and Certifications	07/12/2013	Part III RMHMO Small Group 2014 Actuarial Memorandum (6-24-2013).pdf (Superceded)
05/30/2013		Supporting Document	Rate Sample	07/12/2013	Rate Sample HMO Small Group (6-30-13).xls (Superceded) Rate Sample HMO Small Group (6-30-13).pdf (Superceded)
05/30/2013		Supporting Document	Actuarial Memorandum	07/12/2013	Cost Sharing HMO Small Group Deductible Safe Harbor Justification.pdf 2014 Small Group HMO Actuarial Certification 2014 01 (4-2-11).pdf Actuarial Memorandum HMO Small Group (5-31-13).xls (Superceded) Actuarial Memorandum HMO Small Group (5-31-13).pdf (Superceded) Benefit Summary Table Small Group HMO 5-31-2013.pdf
05/28/2013		Supporting Document	Rate Sample	05/30/2013	Rate Sample HMO Small Group (6-30-13).xls
05/17/2013		Rate	2014 HMO SG Filing	07/12/2013	January 2014 Rates & Factors HMO Small Group (5-13-13).xls (Superceded)

SERFF Tracking #:

LEIF-129012661

State Tracking #:

278023

Company Tracking #:

LEIF-129012661

State: Colorado**Filing Company:**

Rocky Mountain HMO

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO**Product Name:** HMO Small Group**Project Name/Number:** January 2014 HMO Small Group Filing/

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/17/2013		Supporting Document	Actuarial Memorandum	05/30/2013	Cost Sharing HMO Small Group Deductible Safe Harbor Justification.pdf 2014 Small Group HMO Actuarial Certification 2014 01 (4-2-11).pdf Actuarial Memorandum HMO Small Group (5-31-13).xls
05/16/2013		Supporting Document	Unified Rate Review Template	07/12/2013	URRTFinalRMHMOSG.xlsx (Superceded) URRTRMHMOSG5-17-2013.xls (Superceded)
05/15/2013		Supporting Document	Unified Rate Review Template	05/16/2013	URRTFinalRMHMOSG.xlsx
05/02/2013		Supporting Document	Actuarial Memorandum	05/17/2013	Cost Sharing HMO Small Group Deductible Safe Harbor Justification.pdf 2014 Small Group HMO Actuarial Certification 2014 01 (4-2-11).pdf Actuarial Memorandum HMO Small Group (5-13-13).xls (Superceded)
05/02/2013		Rate	2014 HMO SG Filing	05/17/2013	January 2014 Rates & Factors HMO Small Group (5-13-13).xls
05/02/2013		Supporting Document	Actuarial Memorandum and Certifications	06/17/2013	Part III RMHMO Small Group 2014 Actuarial Memorandum.pdf (Superceded)

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
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Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/02/2013		Supporting Document	Unified Rate Review Template	05/15/2013	UnifiedRateReviewSubmissionRMH MOSG_20130512122438.xml (Superceded)

State:	Colorado	Filing Company:	Rocky Mountain HMO
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	HMO Small Group		
Project Name/Number:	January 2014 HMO Small Group Filing/		

Attachment Rate Sample HMO Small Group (6-30-13).xls is not a PDF document and cannot be reproduced here.

Attachment Actuarial Memorandum HMO Small Group (5-31-13).xls is not a PDF document and cannot be reproduced here.

Attachment January 2014 Rates & Factors HMO Small Group (5-13-13).xls is not a PDF document and cannot be reproduced here.

Attachment URRTFinalRMHMOSG.xlsx is not a PDF document and cannot be reproduced here.

Attachment URRTRMHMOSG5-17-2013.xls is not a PDF document and cannot be reproduced here.

Attachment Actuarial Memorandum HMO Small Group (5-13-13).xls is not a PDF document and cannot be reproduced here.

Attachment UnifiedRateReviewSubmissionRMHMOSG_20130512122438.xml is not a PDF document and cannot be reproduced here.

ACTUARIAL MEMORANDUM AND CERTIFICATION

Re: Rocky Mountain HMO
2014 Small Group Plan Rates

Date: May 3, 2013, revised June 24, 2013

General Information

Company Identifying Information

- Company Legal Name: Rocky Mountain HMO
- State: Colorado
- HIOS Issuer ID: 97879
- Market: Small Group
- Effective Date: January 1, 2014

Company Contact Information

- Primary Contact Name: Barry Barak
- Primary Contact Telephone Number: 970-244-7978
- Primary Contact Email Address: Barry.Barak@rmhp.org

Proposed Rate Increase(s)

This filing is for new QHP products that will be sold through the Colorado Exchange as well as in the small group market outside the Exchange. This is not a rate increase.

Experience Period Premium and Claims

No experience period claims are provided in the Unified Rate Review Template (URRT), since this is not a rate increase. The URRT would not accept a PMPM of zero for the experience period claims, so we entered placeholder utilization and unit costs in the prescription drug line to create a PMPM of \$1.00 so that the URRT would function properly.

Benefit Categories

The benefit categories were segregated by place of service, inpatient benefits were measured by admits, while outpatient benefits were measured by a day of service. Ambulatory professional benefits were split into "Professional" and "Other". "Other" services include DME, Ambulance, Home Health, Medical and Surgical Supplies, Home Health and Other Services. These benefit categories are measured based on the number of services provided. Pharmacy services are based on script count normalized to 30 days while capitation is stated as cost per member.

Projection Factors

No experience period claims are provided in the Unified Rate Review Template (URRT), since this is not a rate increase. The URRT would not accept a zero for the projection factors, so we entered placeholder factors in the prescription drug line to create a PMPM of \$1.00 so that the URRT would function properly.

Credibility Manual Rate Development

Source and Appropriateness of Experience Data Used

The allowed claims experience of Rocky Mountain HMO's existing small group grandfathered and non-grandfathered business was used as a starting point for the development of the new 2014 products. The combined experience was utilized to maximize the credibility of the experience. Adjustments were made for demographics, morbidity, geographic area, benefits, and trend. Rocky Mountain HMO's small group product line 2012 data included \$60.4 million in allowed claims and approximately 157,000 member months.

Adjustments Made to the Data

The proposed 2014 rates were impacted by the following factors:

- There are many new benefits that must be covered, such as pediatric vision, pediatric dental, women's wellness, and habilitative benefits. These changes all added significant cost to the new plan designs.
- Annual increases in the cost of health care are expected to continue, since there are no inherent cost controls in the new plan designs.
- New fees and taxes include the following:
 - An Exchange fee of 1.4% plus \$1.80 PMPM
 - A health insurance provider fee
 - A charge for risk adjustment and data collection
 - The patient-centered outcomes research tax
 - The \$5.25 PMPM transitional reinsurance contribution

The following bullets describe the development of the 2014 small group rates. The numbers shown below do not coincide with the numbers in the URRT, since we did not develop the rates in the way demonstrated in the URRT. The development of the numbers in the URRT is described later in this memorandum.

We made the following adjustments to the 2012 allowed claims for the existing small group business in the development of the 2014 allowed claim estimates.

- We first developed an allowed 2012 PMPM for each category of service: Inpatient, Outpatient, Professional, Other, Capitation and Pharmacy. The experience contained a mix of pharmacy plan types, but only those plans covering generic and brand drugs were included in the development and were adjusted for rebates.
- Using the current member distribution by age, we calculated the average age factor using the mandated 2014 age factors. The average age factor was 1.483.
- Using the current member family size, we calculated an adjustment factor to recognize the 2014 cap on the number of child rates. The adjustment factor was 0.988.
- New geographic factors were created for the eleven new rating regions defined by the State of Colorado. The combined individual and small group experience of the affiliated companies Rocky Mountain HMO and Rocky Mountain Health Care Options was used to develop the cost difference by rating region. The experience of the two companies was combined to increase the credibility of experience in each region and was appropriate due to the minimal differential in provider contracting between the two companies. The average factor for the sample population was 0.936.

- We then normalized the allowed claim experience to a factor of 1.00, which would be that for a member aged 21-24, by dividing by the three prior factors.
- We evaluated the cost impact of new essential health benefits, which included the following:
 - Pediatric vision
 - Pediatric dental
 - Women's wellness benefits
 - Habilitative care

We estimated that these new benefits would add \$13.77 PMPM to the allowed claims.

- We then trended the claim costs to 2014, using a 7.8% trend factor for 24 months. The 7.8% trend was developed from historical claim experience and adjusted for historical changes in demographics and mix of business.

We further adjusted the claim costs to a market-wide gross premium rate by making the following additional adjustments.

- We adjusted for expected commercial reinsurance recoveries. The company will also have a traditional reinsurance policy for this line of business with an attachment point of \$800,000 in 2014. We reduced allowed claims by 0.1% for expected recoveries from this policy.
- We added non-claim expense items for fixed costs, administration, taxes and fees. The expenses are described later in this memorandum.
- The final 2014 gross premium index rate (using our definition as the single market-wide premium rate that all factors are applied to) is \$470.35. Quarterly renewal index rates were developed using the assumed annual trend factor of 7.8% applied quarterly. All other factors for plan design, age, geographic location, and tobacco use are applied against this gross premium rate to arrive at the rates for each individual member. This is explained further later in this memorandum.

Credibility of Experience

No experience period claims are provided in the Unified Rate Review Template (URRT), since this is not a rate increase, therefore no credibility was assigned to experience. The Colorado standard for fully credible data is 2,000 life years and 2,000 claims. Both standards must be met within a maximum of three years, if the proposed rates are based on claims experience. The formula for determining the amount of credibility to assign to the data is $\text{SQRT}\{(\# \text{life years or claims}) / \text{full credibility standard}\}$.

Paid to Allowed Ratio: Development of Plan Values

Rocky Mountain HMO will offer five products in the small group market. Within each product, the company will offer plan designs with varying coverage of Pediatric Dental and network availability. The products will be sold inside and/or outside the Exchange with the same rates as indicated in the URRT.

The plan factors are shown in attached URRT. These plan factors were developed from a proprietary plan value model which uses the company's own utilization and unit costs for all components of health services. The model applies applicable plan deductibles, coinsurance, out of pocket maximums, and copays to determine the total combined value of all components of cost sharing, and compares the remaining plan cost to the total cost of care to arrive at the plan value that is used in pricing each particular plan design. The plan factors are the paid to allowed ratios for each plan.

Risk Adjustment and Reinsurance

We did not assume any risk adjustment transfers in the pricing. Any assumptions we might make about the risk profile of the population that will be insured by Rocky Mountain HMO in 2014 would be purely

speculative. We have no reason to believe that Rocky Mountain HMO will attract members with either higher or lower than average risk. Thus, assuming a risk adjustment transfer did not seem appropriate.

The small group market will not receive reinsurance payments from the transitional reinsurance program but will make reinsurance contributions. The reinsurance contribution was assumed to be \$5.25 per member per month and was added as a fixed cost in the calculation of the gross premium index rate.

Non-Benefit Expenses, Profit and Risk

Administrative Expense Load

The administrative expense load includes 17.3% for general administration, claims adjustment and commissions. This is slightly more than the general administrative expenses and claims adjustment expenses shown in the company's 2011 annual statement, the additional cost is driven by new expenses related to operating costs specific to the exchange.

Profit and Risk Margin

The rate development assumes 3.0% for margin and contingencies, which includes both profit and risk margin.

Taxes and Fees

The taxes and fees that have been included in the development of the gross premium index rate are as follows:

Item	Estimated % of Premium
Health Insurance Provider Tax	0.77%
Exchange Fee	1.80%
Patient Centered Outcomes Research Tax	0.04%
Risk Adjustment and Data Collection	0.02%
Transitional Reinsurance Contribution	1.16%
Total	3.78%

Projected Loss Ratio

The projected loss ratio using the federally prescribed MLR methodology is demonstrated below.

<u>Numerator</u>	
Incurring claims	\$348.60
Transitional reinsurance receipts	\$0.00
Risk corridors and risk adjustment payments	\$0.00
Risk corridors and risk adjustment related receipts	\$0.00
	<u>\$348.60</u>
<u>Denominator</u>	
Earned premiums	\$459.10
Federal and state taxes, assessments and community benefit expenditures	(\$9.18)
Licensing and regulatory fees, incl transitional reins contribs	<u>(\$17.37)</u>
	\$432.54
MLR	80.6%

Allowed Claim Index Rate

The Part I Unified Rate Review template does not demonstrate the process we used to develop the rates. Rather, it represents information required by Federal regulation to be provided for certification of qualified health plans for Federally Facilitated Exchanges and for certification that the index rate is developed in accordance with Federal regulation and is used consistently and only adjusted by the allowable modifiers.

The index rate is defined in the URRT as allowed claims PMPM for essential health benefits. We did not calculate the rates with this starting point. We built the rates for the small group market using the methodology described earlier in this memorandum to arrive at a gross premium index rate to which all factors could be applied to arrive at the rates for each plan and each member. We developed plan value factors (also described earlier in this memorandum) and calculated the claim and premium estimates for each plan. We then developed an estimate of projected enrollment in each plan to arrive at average cost sharing, incurred claims, and premium across the small group single risk pool.

For all other plans, we assumed an average age factor of 1.483. We assumed an equal distribution of members across all eleven of the geographic areas, with an average factor of 0.936. The average tobacco factor allowed by the State of Colorado for individual plans is 1.15. Due to the template limitations on varying the tobacco factor by age for 2014, the plan will use a factor of 1.000 for 2014. We did not make any adjustments for morbidity in the Catastrophic plan, assuming that morbidity is adequately reflected in the age factors for the ages that are allowed to purchase that plan.

The average rate for each of the plans was developed by multiplying the gross premium index rate times the plan factor times the average age factor times the average geographic factor times the average tobacco factor for each plan. The average rate shown in the URRT is \$459.10.

With this approach, we were able to “work backwards” to develop the allowed claim index rate by removing the administrative, profit, fee, and tax loadings, adding back the reinsurance payments, and adding back the member cost sharing. This is demonstrated in the following table.

Item	PMPM
Average Premium Rate	\$459.10
Subtract Loadings for Admin, Profit, Fees, Taxes	(\$110.50)
	\$348.60
Add Net Reinsurance	\$0.00
	\$348.60
Add Member Cost Share	\$161.23
Allowed Claim Index Rate	\$509.83

AV Metal Values

The AV Metal Values included in Worksheet 2 of the Part I Unified Rate Review template were based entirely on the AV Calculator.

AV Pricing Values

The fixed reference plan used as the basis for the AV Pricing Values is a plan that pays 100% of all essential health benefits. The plan factors were developed from a proprietary plan value model which uses the company's own utilization and unit costs for all components of health services. The model applies plan deductibles, coinsurance, out of pocket maximums, and copays to determine the total combined value of all components of cost sharing, and compares the remaining plan cost to the total cost of care to arrive at the plan value that is used in pricing each particular plan design.

Membership Projections

We projected 2014 enrollment in the plans by reviewing the enrollment pattern in existing plans and assuming that current members will purchase a plan with similar value to the plan they are currently enrolled in. We assumed that the company's small group enrollment will increase by 18.5% from its current level. This is based on the Society of Actuaries study *Cost of the Future Newly Insured under the Affordable Care Act (ACA)*, February 2013 that projected the potential growth of the small group market in 2014. We are projecting that 23.2% of the members will purchase the product with pediatric dental. We assumed that all of the new entrants to the market will purchase plans in the same proportion as the current distribution. The quarterly distribution was based on the renewal distribution of the existing plans. Based on these assumptions, our 2014 enrollment projections are shown in the URRT.

Terminated Products

Non ACA-compliant products will no longer be offered to new enrollees effective January 1, 2014 but will remain in effect in 2014 until enrollees renew onto ACA-compliant products.

Plan Type

Plan type HMO, which adequately describes the plans being offered, has been selected for all plans.

Warning Alerts

There are two warning alerts in Worksheet 2, as follows:

- **Line 82, Total Premium.** The difference between the two numbers is \$552, out of a total of \$85.8 million. We assume this to be due to rounding differences. The warning requires an exact match which cannot be achieved unless all rounding protocols are the same. We respectfully suggest that this requirement be changed to allow for small rounding differences.
- **Line 86, Total Allowed Claims.** The difference between the two numbers is approximately the net amount of reinsurance. We understand that the definition for this line says that net reinsurance should be subtracted. However, reinsurance is subtracted again in line 93, so if line 86 is completed as defined, then the lines below will not match and will create warnings. We respectfully suggest that this be corrected with a future version of the URRT.

Reliance

I relied on information provided by Rocky Mountain Health Plans and publicly available to develop the 2014 premium rates. This information includes, but is not limited to the following:

- Administrative cost projections,
- Expected commissions by product,
- Product design information,
- Provider network information including discount data.

Actuarial Certification

I, Julie A. Andrews, am associated with the firm of Leif Associates, Inc. I am a member of the American Academy of Actuaries and have been retained by Rocky Mountain HMO, to perform this rate development. I meet the Academy qualification standards for performing this assignment.

The Part I Unified Rate Review template does not demonstrate the process used to develop the rates. Rather, it represents information required by Federal regulation to be provided for certification of qualified

health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and is used consistently and only adjusted by the allowable modifiers.

I hereby certify that:

- The rates were developed in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)).
- The rates were developed in compliance with the applicable Actuarial Standards of Practice.
- The rates are reasonable in relation to the benefits provided and the population anticipated to be covered.
- Based on information currently available, the rates are believed to be neither excessive nor deficient.
- The index rate and only the allowable modifiers as described in 45 CFR 156.80 (d)(1) and 45 CFR 156.80 (d)(2) were used to generate plan level rates.
- The percent of total premium that represents essential health benefits in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
- The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.



Julie A. Andrews, FSA, MAAA
Consulting Actuary
Leif Associates, Inc.
1515 Arapahoe St., Tower 1, Suite 530
Denver, CO 80202
(303) 294-0994

May 3, 2013

**Rocky Mountain HMO
Small Group Rating Sample
January 1, 2014**

[illegible]

ACTUARIAL MEMORANDUM		
Pursuant to Colorado Regulation 4-2-11 Section 6, rate filings must contain an Actuarial Memorandum. The Division of Insurance developed this template Memorandum, to reduce the number of returned incomplete filings. For additional information and table General filing requirements, Actuarial Certification requirements, and submission requirements are identified in Section 5 of Colorado Regulation 4-2-11. For requirements by line of business, see Section 7 of this regulation. Rate filings submitted without ALL requirements of the regulations could be disapproved or rejected by the Colorado Division of Insurance.		
Instructions/Descriptions		
Company:	Rocky Mountain HMO	Company Name
NAIC #:	95482	NAIC Company Code (CoCode)
SERFF Filing #:	LEIF-129012661	SERFF Filing Number
SERFF Binder Filing #:	RCKY-CO14-125000925	
A: SUMMARY		
1. Reason(s):	This filing is a new rate filing for new non-grandfathered products to be offered inside and outside the exchange.	A statement whether this is a new filing, a rate revision, or a new option being added to an existing form. If the filing is a rate revision, the reason for the revision should be stated.
2. Requested Rate Action:	0%	The overall rate increase or decrease amount should be listed. List rate change and average change in each component of rate changes and renewal by effective months. List 12 month renewal with changes by component and the averages by component.
3. Marketing method(s):	These plans will be marketed through the exchange and are marketed through direct sales and agents.	A brief description of the marketing method used for the filed form should be listed. (Agency/Broker, Internet, Direct Response, Other)
4. Premium Classification(s):	The premium rates may vary by age, plan design, geographic region, tobacco use, and family size.	The section should state all attributes upon which the premium rates vary. This must comply with the new rating reforms.
5. Product Description(s):	Please reference the Plan and Benefit Template provided in the Binder #RCKY-CO14-125000925	This section should describe the benefits provided by the policy. •Must include EHB and list any substitution of benefits or any additional benefits above the EHB.
6. Policy/Rider Impacted:	Please see Form Schedule tab in SERFF.	This can be completed on the form schedule tab in SERFF
7. Age Basis:	The premium charged on an attained age basis.	A statement as to whether the premiums will be charged on an issue age, attained age, renewal age or other basis and the issue age range of the form should be specified.
8. Renewability provision:	These products are guaranteed renewable.	All policies should be guaranteed renewable.
Additional Information:		
B. ASSUMPTION, MERGER OR ACQUISITION		
1. Is product part of assumption, acquisition, or merger (from or with another company)?	No, these products are not part of any assumption or acquisition.	Yes/No
Assumption:	No	Yes/No
Acquisition:	No	Yes/No
Merger:	No	Yes/No
2. If yes, provide name of company(s):	NA	Company Name
3. Closing Date of assumption, merger or acquisition:	NA	DD/MM/YYYY
Additional Information:	NA	
C. RATING PERIOD		The memorandum must identify the period for which the rates will be effective.
Proposed Effective Date: (may not say "upon approval")	1/1/2014	Date (DD/MM/YYYY)
Rating Period:	Quarterly	(Annual, Semi-Annual, Quarterly, Other)
Rating Period Dates:	1/1/2014 to 12/31/2014	DD/MM/YYYY to DD/MM/YYYY
D. EFFECT OF LAW CHANGES		
Identify and quantify changes resulting from mandated benefits and other law changes:	<p>Effective January 1, 2014, the provisions of federal health care reform (PPACA) to make care affordable and accessible for all Americans by requiring for example, that health plans cover Essential Health Benefits on a guaranteed issue basis. In addition, the exchange provisions of the regulation will be fully implemented along with the fees associated with the exchange. Included are the Women's Preventive Services implemented August 2012 providing specified preventive services without cost sharing. Per the May 6, 2013 "Carrier EHB Instructions.pdf" Benefit Specific Instructions provided for the Plans and Benefits Template, RMHP has utilized both Option 1 and Option 2 as described here:</p> <ul style="list-style-type: none">• Anesthesia – (Option 2): Other anesthesia is addressed via the explanation field under "Outpatient Surgery" and "Inpatient Hospital benefit" as coinsurance after deductible. Dental Anesthesia is currently called out separately in the template – addressed as such with limitation for children who meet certain criteria.• Breast Reconstruction Surgery – (Option 2): Addressed in template under "Reconstructive Surgery" via the Exclusion section: "Services and supplies not specifically listed as covered in the Evidence of Coverage, such as breast reconstruction except as part of a mastectomy."• Cardiac Rehabilitation – (Option 2): Addressed in template via explanation field under "Outpatient Rehabilitation Services" – coinsurance after deductible.• Pulmonary Rehabilitation – (Option 2): Addressed in template under "Outpatient Rehabilitation Services" – coinsurance after deductible.• Autism Spectrum Disorders – (Option 1): Added Benefit• Hearing Exams – (Option 1): Added Benefit• Smoking Cessation Program – (Option 2): Addressed in template via explanation field under "Preventive Care/Screening/Immunization" – Includes Smoking Cessation .• Contraceptive Services – (Option 1): Added Benefit titled "Outpatient Contraceptive Services Including Sterilizations". Included this Exclusion language "Over-the-counter contraceptive drugs or devices which do not require a prescription, except those listed as included in the RMHP formulary, abortifacient drugs, reversal of voluntary sterilization, services and procedures to verify the success of reversal of voluntary sterilization."	<p>The memorandum should identify, quantify, and adequately support any changes to the rates, expenses, and/or medical costs that result from changes in law(s) or regulation(s), including federal, state or local. All applicable benefit mandates should be listed, including those with no rating impact. This quantification must include the effect of specific mandated benefits and anticipated changes both individually by benefit, as well as for all benefits combined.</p>

Additional Information:	Additional information regarding the impact of the various implementation elements of the 2014 PPACA regulation may be found in Exhibit C1.	
E. RATE HISTORY		
Provide rate changes made in at least the last three years (If available) N/A (Initial Filing)	Complete tab "Rate History"	
F: COORDINATION OF BENEFITS		
Provides actual loss experience net of any savings:	Rocky Mountain HMO coordinates benefits on its small group policies. The loss experience used in setting the rates is net of any collection of subrogation or coordination of benefits amounts and results in an equitable reduction in premiums for all policyholders.	Each rate filing must reflect actual loss experience net of any savings associated with coordination of benefits and/or subrogation.
Additional Information:	NA	
G. RELATIONSHIP OF BENEFITS TO PREMIUM		
Description	Percentage	
Commissions	2.9%	The memorandum must adequately support the reasonableness of the relationship of the projected benefits to projected earned premiums for the rating period.
General expenses	14.4%	
Premium taxes	0.0%	
Profit/Contingencies	4.1%	
PPACA Fees	1.8%	
Exchange Fees	2.0%	
Investment Income	-1.1%	
Other		
Total Retention:	24.1%	
Targeted Loss Ratio:	75.9%	(This number should equal 1 minus the total retention percentage listed above.)
H. PROVISION FOR PROFIT AND CONTINGENCIES		
1. Provision for Profit and Contingencies:	3 % Pre-FIT After tax	The memorandum must identify the percentage of the provision for profit and contingencies, and how this provision is included in the final rate. If material, investment income from unearned premium reserves, reserves from incurred losses, and reserves from incurred but not reported losses must be considered in the ratemaking process. Detailed support must be provided for any proposed load.
2. Proposed load in excess of 7% after tax.	NA	
Provide detailed support:	The proposed rates contain a 3.0% provision for profit/contingencies, including investment income	
Additional Information:	NA	
I. DETERMINATION OF PROPOSED RATES		
Include all underlying rating assumptions, with detailed support for each assumption. This explanation may be on an aggregate expected loss basis or as a per-member-per-month (PMPM) basis. (this can be attached with support in a pdf document)		The memorandum must contain a section with a complete explanation as to how the proposed rates were determined, including all underlying rating assumptions, with detailed support for each assumption. This includes all rating factors.
1. Explain, in detail, how rates and/or rate changes were developed:	The premium rates for the new HMO Small Group plans were based on the following steps: <ul style="list-style-type: none">• The allowed claim costs underlying the various plans were trended to the rating period beginning January 1, 2014.• The trended claim costs were adjusted for the anticipated impact of federal health reform measures that have become effective and will be effective on January 1, 2014. These adjustments include Women's Wellness effective August 1, 2012,• The trended claims costs were adjusted for the mix of business to determine the indicated HMO Small Group Base Rate. These adjustments include age, family mix and geographic mix.• The adjusted trended claims costs were adjusted for retention components, new taxes and exchange fees to generate the full index rate for the single risk pool.	
2. Provide adequate support for all assumptions and methodologies used:	Additional detail supporting all assumptions may be found in Exhibit C1.	
J. TREND		
Additional support and information must be provided on the "Historical Trend" and "Normalized Trend" tabs		Describe the trend assumptions used in pricing. Each assumption must be separately discussed, adequately supported, and must also be appropriate for the specific line of business, product design, benefit configuration, and time period. Any and all factors affecting the projection of future claims must be presented and adequately supported. The Total Average Annualized Trend MUST be filled out. Underwriting wearoff means the gradual increase from initial low expected claims that result from underwriting selection to higher expected claims for later (ultimate) durations. Underwriting wearoff does not apply to guaranteed issue products.
Itemized trend component	Trend (%)	
MEDICAL TREND (total)	0.081	
Medical provider price increase	0.081	
Utilization changes	0	
Medical cost shifting		
Medical procedures and new technology		
INSURANCE TREND (total)		
Underwriting wearoff		

Deductible leveraging		
Anti-selection		
PHARMACEUTICAL TREND (total)	0.058	
Price increases	-0.019	
Utilization changes	0.034	
Cost shifting		
Introduction of new brand and generic drugs	0.043	
TOTAL AVERAGE ANNUALIZED TREND (required)	0.078	
Additional information:	Additional detail supporting all assumptions may be found in Exhibit C1.	
K. CREDIBILITY		
1. Credibility Percentage (Colorado Only):	100 % If other, please specify	The Colorado standard for fully credible data is 2,000 life years and 2,000 claims. Both standards must be met within a maximum of three years, if the proposed rates are based on claims experience. Discuss the credibility of the Colorado data with the proposed rates based upon as much Colorado data as possible. Identify and discuss the source, applicability and use of collateral data used to support partially credible Colorado data. The use of collateral data is only acceptable if the Colorado data does not meet the full credibility standard. The formula for determining the amount of credibility to assign to the data is $\text{SQRT}(\{\text{\#life years or claims}\}/\text{full credibility standard})$. The full credibility standard is defined above
The above credibility percentage is based upon:	The data meets both credibility criteria, life years and claims for Colorado.	
Other (please specify)	NA	
2. Number of years of data used to calculate above credibility percentage:	1	
3. Discuss how and if aggregated data meets the Colorado credibility requirement and how the rating methodology was modified for the partially credible data, if applicable.	The experience data was based on 156,997 member months with 320,092 claims.	
Additional Information: (including collateral data, if used)	NA	
L. DATA REQUIREMENTS	Complete tab "Data Requirements"	
M. SIDE-BY-SIDE COMPARISON	Complete tab "Side by Side Comparison"	
N. BENEFITS RATIO PROJECTIONS	Complete tab "Projected Benefits Ratio"	
O. OTHER FACTORS		
Identify and provide support for other rating factors and definitions, including area factors, age factors, gender factors, etc.:	A complete set of rates and rating factors effective January 1, 2014 can be found in Worksheet "Rate Manual" of this file.	The memorandum must clearly display or clearly reference all other rating factors and definitions, including the area factors, age factors, gender factors, etc., and support for each of these factors in a new rate filing. The same level of support for changes to any of these factors must be included in renewal rate filings. In addition, the Commissioner expects each carrier to review each of these rating factors at least every five years and provide detailed support for the continued use of each of these factors in a rate filing. Gender factors shall not vary for individual health care coverage effective on or after January 1, 2011. See Section 8.C of this regulation.
Additional Information:	The requested "Rate Sample" based on (a. 40 year old non-smoker b. Each metal level c. Each Network if multiple networks in an area) as specified in the FAQ response to Question 3, dated 4/30/2013 may be found in Worksheet "Rate Sample" of this file.	

E. RATE HISTORY					
Provide rate changes made in at least the last three years (If available) N/A (Initial Filing)					
COLORADO					
State Tracking Number		% OF CHANGE			
or SERFF Tracking Number	Effective Date	Minimum	Average	Maximum	Cumulative for past 12 Months
NATIONWIDE					
Effective Date	Average % of change	Cumulative for past 12 Months			
Additional Information:					

L. DATA REQUIREMENTS									
Colorado-only basis for at least 3 years. Include national, regional or other appropriate basis, if the Colorado data is not fully credible. The experience period must include consecutive data no older than 9 months prior to the proposed									
COLORADO									
Year*	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Total Estimated IBNR Claims	Loss Ratio	Average Covered Lives	Number of Claims	Colorado On Rate Level Premium	
2010	\$69,375,160	\$49,146,543	\$49,130,065	-\$16,478	70.8%	186,582	384,896	\$74,602,947	
2011	\$64,535,651	\$48,490,594	\$48,273,121	-\$217,473	74.8%	161,337	340,427	\$64,508,986	
2012	\$63,321,698	\$46,952,179	\$46,950,057	-\$2,123	74.1%	156,997	320,092	\$63,321,698	
2013	NA	NA	NA	NA	NA	NA	NA	NA	
*This column should be Calendar Year. If fractional year is used, identify period as MM/YYYY – MM/YYYY									
Above data is for:	Comparable Product	The above data represents the Rocky Mountain HMO Small Group product portfolio.							
OTHER DATA									
Year	Earned Premium	Incurred Claims	Total Estimated Incurred Claims	Total Estimated IBNR Claims	Average Covered Lives	Number of Claims			
2010	\$6,520,801	\$5,086,801	\$5,086,801		17,122	37,165			
2011	\$23,434,326	\$22,533,873	\$22,533,873		70,595	151,931			
2012	\$22,797,885	\$17,373,743	\$17,321,027	-\$52,715	59,260	118,176			
2013	NA								
Above data is for:	Comparable Product	The above additional data represents the existing nongrandfathered portion of the Rocky Mountain HMOs small group portfolio.							
Experience Period: (From ____ to ____)	January 2010 through December 2012, paid through February 2013								
Additional Information:									

M. SIDE-BY-SIDE COMPARISON			
If the proposed rating factor(s) are new, the memorandum must specifically so state, and provide detailed support for each of the factors.			
Description	Current Rate/ Rating Factor/ Rating Variable	Proposed Rate/ Rating Factor/ Rating Variable	Percentage Increase/ Decrease
If the above table is not used, please identify the location of the Side-by-Side Comparison in the rate filing:			
Description and detailed support for new rating factor(s):		This is an initial product filing, all factors are new. Please see Exhibit C1 for detailed support.	
Additional Information:			

N. PROJECTED EXPERIENCE FOR RATING PERIOD			
	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	NA	NA	NA
Projected Experience With Rate Change	\$ 85,777,360.00	\$ 65,132,148.00	75.9%
Additional Information	This is an initial product filing, therefore, the "without rate change" is not applicable. The projected benefits ratio is below the 4-2-11 small group guideline of 80.0% and is actuarially justified by the additional coverage of 3.8% of PPACA and Exchange fees under the product.		

In this Model the health plan will only be asked to enter data shown in Red, the other cells are all calculated as part of the State's Evaluation Model

Step 1:

Enter Your Member and Claim Information for the most Recent 4 Years. If your plan has less than 4 years of data then enter the amount since plan inception.
The most recent month should be within 6 months of the date that you filed rates. Enter the most recent month in Row# 48.

Month Through Which Claims are Paid: Feb-13

			Medical		Pharmacy		Medical	Pharmacy	Total
			Total	Estimated	Total	Estimated	12-Month	12-Month	12-Month
Row #	Month	Members	Incurred Claims	IBNR Claims	Incurred Claims	IBNR Claims	pmpm Trend	pmpm Trend	pmpm Trend
1	200901	22,684	\$4,256,228	\$0	\$574,584	\$0			
2	200902	22,179	\$5,638,677	\$0	\$529,893	\$0			
3	200903	21,666	\$4,852,209	\$0	\$593,521	\$0			
4	200904	21,042	\$4,957,818	\$0	\$580,270	\$0			
5	200905	20,432	\$4,689,457	\$0	\$607,927	\$0			
6	200906	19,699	\$4,862,818	\$0	\$595,275	\$0			
7	200907	19,310	\$4,360,671	\$0	\$568,873	\$0			
8	200908	18,986	\$4,150,756	\$0	\$571,085	\$0			
9	200909	18,667	\$5,056,486	\$0	\$541,587	\$0			
10	200910	18,290	\$4,509,798	\$0	\$589,434	\$0			
11	200911	18,077	\$4,637,596	\$0	\$570,274	\$0			
12	200912	17,215	\$4,618,582	\$0	\$623,155	\$0			
13	201001	16,798	\$3,106,424	\$0	\$455,342	\$0			
14	201002	16,565	\$3,146,884	\$0	\$477,429	\$0			
15	201003	16,302	\$3,743,801	\$0	\$518,541	\$0			
16	201004	15,926	\$3,474,438	\$0	\$533,563	\$0			
17	201005	15,689	\$4,081,420	\$0	\$516,209	\$0			
18	201006	15,556	\$3,987,939	\$0	\$551,241	\$0			
19	201007	15,335	\$3,532,829	\$0	\$549,331	\$0			
20	201008	15,217	\$3,850,006	\$0	\$582,394	\$0			
21	201009	15,020	\$2,981,735	\$0	\$544,555	\$0			
22	201010	14,917	\$3,521,086	\$0	\$520,951	\$0			
23	201011	14,663	\$3,368,044	(\$7,882)	\$551,865	\$0			
24	201012	14,594	\$3,952,185	(\$8,596)	\$598,332	\$0	-3.58%	17.36%	-1.29%
25	201101	14,322	\$3,295,672	(\$14,707)	\$416,504	\$0	-2.33%	17.40%	-0.16%
26	201102	14,176	\$4,220,276	(\$14,775)	\$486,306	\$0	3.60%	17.21%	5.15%
27	201103	13,921	\$3,560,150	(\$16,215)	\$499,092	\$0	4.21%	16.96%	5.67%
28	201104	13,802	\$3,286,403	(\$15,483)	\$471,833	\$0	5.56%	15.34%	6.71%
29	201105	13,637	\$3,416,652	(\$16,239)	\$523,878	\$0	4.08%	15.89%	5.46%
30	201106	13,373	\$3,166,263	(\$15,695)	\$522,343	\$0	3.13%	15.30%	4.56%
31	201107	13,141	\$3,643,673	(\$16,360)	\$497,907	\$0	4.45%	13.95%	5.58%
32	201108	13,089	\$2,912,892	(\$18,506)	\$633,040	\$0	2.09%	13.97%	3.52%
33	201109	12,986	\$3,296,551	(\$17,018)	\$562,752	\$0	6.83%	13.53%	7.66%
34	201110	12,986	\$3,478,696	(\$22,089)	\$627,341	\$0	8.40%	16.02%	9.36%
35	201111	12,941	\$3,761,809	(\$23,980)	\$612,796	\$0	11.78%	16.60%	12.40%
36	201112	12,963	\$3,929,893	(\$26,404)	\$667,875	\$0	13.00%	17.85%	13.63%
37	201201	13,134	\$3,239,060	(\$44,871)	\$474,490	\$0	11.64%	18.91%	12.58%
38	201202	13,111	\$2,852,595	(\$45,985)	\$511,356	\$0	4.62%	18.44%	6.37%
39	201203	13,061	\$3,315,333	(\$50,253)	\$510,230	\$0	3.56%	18.08%	5.40%
40	201204	12,989	\$3,231,347	(\$44,764)	\$481,038	\$0	3.13%	18.60%	5.08%
41	201205	13,010	\$3,001,221	(\$54,045)	\$511,179	\$0	2.78%	17.33%	4.65%
42	201206	13,109	\$2,886,314	(\$60,920)	\$521,168	\$0	2.85%	16.58%	4.63%
43	201207	13,077	\$3,485,775	(\$63,829)	\$508,351	\$0	0.82%	16.28%	2.81%
44	201208	13,171	\$3,690,438	(\$91,913)	\$558,330	\$0	3.67%	12.56%	4.84%
45	201209	13,077	\$3,760,969	(\$100,364)	\$482,998	\$0	2.60%	9.47%	3.50%
46	201210	13,071	\$4,008,459	(\$121,755)	\$544,308	\$0	2.60%	4.97%	2.92%
47	201211	13,008	\$3,789,280	\$335,956	\$562,089	\$0	1.53%	2.03%	1.60%
48	201212	13,179	\$3,450,229	\$340,622	\$575,622	\$0	0.20%	-1.66%	-0.05%

			Medical		Pharmacy		One Year Trends		
Start Month	End Month	Members Months	Total Incurred Claims	Estimated IBNR Claims	Total Incurred Claims	Estimated IBNR Claims	Medical Trend	Pharmacy Trend	Total Trend
200901	200912	238,247	56,591,096	0	6,945,877	0			
201001	201012	186,582	42,746,790	-16,478	6,399,753	0	-3.6%	17.4%	-1.3%
201101	201112	161,337	41,968,928	-217,473	6,521,666	0	13.0%	17.9%	13.6%
201201	201212	156,997	40,711,020	-2,123	6,241,159	0	0.2%	-1.7%	-0.1%

In this Model the health plan will only be asked to enter data shown in Red, the other cells are all calculated as part of the State's Evaluation Model

Enter Your Member and Normalized Claim Information for the most Recent 4 Years. If your plan has less than 4 years of data then enter the amount since plan inception. The most recent month should be within 6 months of the date that you filed rates. Enter the most recent month in Row# 48. Claims should be normalized for demographic changes, benefit changes, uw wear-off if applicable, and any other rating factors that are appropriate to normalize for.

Month Through Which Claims are Paid: Feb-13

			Medical	Pharmacy	Medical	Pharmacy	Total
			Normalized	Normalized	12-Month	12-Month	12-Month
Row #	Month	Members	Incurred Claims	Incurred Claims	pmpm Trend	pmpm Trend	pmpm Trend
1	200901	22,684	\$5,277,823	\$912,771			
2	200902	22,179	\$6,992,605	\$841,775			
3	200903	21,666	\$6,017,294	\$942,853			
4	200904	21,042	\$6,148,261	\$921,803			
5	200905	20,432	\$5,815,464	\$965,739			
6	200906	19,699	\$6,030,451	\$945,640			
7	200907	19,310	\$5,407,731	\$903,699			
8	200908	18,986	\$5,147,412	\$907,212			
9	200909	18,667	\$6,270,621	\$860,352			
10	200910	18,290	\$5,592,665	\$936,361			
11	200911	18,077	\$5,751,150	\$905,923			
12	200912	17,215	\$5,727,571	\$989,929			
13	201001	16,798	\$3,907,423	\$680,753			
14	201002	16,565	\$3,958,316	\$713,775			
15	201003	16,302	\$4,709,150	\$775,239			
16	201004	15,926	\$4,370,331	\$797,697			
17	201005	15,689	\$5,133,825	\$771,752			
18	201006	15,556	\$5,016,240	\$824,125			
19	201007	15,335	\$4,443,778	\$821,270			
20	201008	15,217	\$4,842,739	\$870,700			
21	201009	15,020	\$3,750,583	\$814,130			
22	201010	14,917	\$4,429,007	\$778,841			
23	201011	14,663	\$4,226,589	\$825,058			
24	201012	14,594	\$4,960,453	\$894,529	-2.21%	10.45%	-0.48%
25	201101	14,322	\$4,064,829	\$592,913	-1.12%	10.58%	0.47%
26	201102	14,176	\$5,210,249	\$692,280	4.64%	10.45%	5.45%
27	201103	13,921	\$4,390,627	\$710,481	5.01%	10.32%	5.75%
28	201104	13,802	\$4,052,384	\$671,677	6.14%	8.92%	6.53%
29	201105	13,637	\$4,212,815	\$745,765	4.39%	9.54%	5.12%
30	201106	13,373	\$3,903,279	\$743,580	3.17%	9.10%	4.01%
31	201107	13,141	\$4,493,924	\$708,794	4.24%	7.94%	4.77%
32	201108	13,089	\$3,585,892	\$901,163	1.64%	8.03%	2.55%
33	201109	12,986	\$4,063,055	\$801,104	6.09%	7.70%	6.33%
34	201110	12,986	\$4,282,435	\$893,050	7.37%	10.19%	7.79%
35	201111	12,941	\$4,630,843	\$872,344	10.42%	10.86%	10.49%
36	201112	12,963	\$4,836,082	\$950,752	11.30%	12.22%	11.44%
37	201201	13,134	\$4,073,571	\$658,800	10.33%	13.38%	10.79%
38	201202	13,111	\$3,579,288	\$709,987	3.76%	13.13%	5.13%
39	201203	13,061	\$4,163,979	\$708,424	3.09%	13.00%	4.54%
40	201204	12,989	\$4,063,870	\$667,892	3.01%	13.72%	4.57%
41	201205	13,010	\$3,758,554	\$709,740	3.04%	12.73%	4.46%
42	201206	13,109	\$3,603,244	\$723,610	3.46%	12.26%	4.76%
43	201207	13,077	\$4,364,031	\$705,814	1.82%	12.22%	3.35%
44	201208	13,171	\$4,589,224	\$775,207	5.07%	8.90%	5.64%
45	201209	13,077	\$4,668,394	\$670,612	4.36%	6.15%	4.63%
46	201210	13,071	\$4,956,741	\$755,738	4.77%	1.98%	4.34%
47	201211	13,008	\$5,260,941	\$780,426	4.08%	-0.68%	3.36%
48	201212	13,179	\$4,834,498	\$799,216	3.14%	-4.08%	2.04%

Start Month	End Month	Members Months	Medical Total Incurred Claims	Pharmacy Total Incurred Claims	One Year Trends		
					Medical Trend	Pharmacy Trend	Total Trend
200901	200912	238,247	70,179,047	11,034,056			
201001	201012	186,582	53,748,433	9,567,871	-2.2%	10.4%	-0.5%
201101	201112	161,337	51,726,414	9,283,902	11.3%	12.2%	11.4%
201201	201212	156,997	51,916,334	8,665,465	3.1%	-4.1%	2.0%

Rocky Mountain HMO
Small Group Rating Factors
January 1, 2014

Base Rate 1/1/2014	\$	470.35
Base Rate 4/1/2014	\$	479.25
Base Rate 7/1/2014	\$	488.32
Base Rate 10/1/2014	\$	497.56

Geographic Rating Area	Description	Counties	Geographic Rating Factor
Rating Area 1	Boulder MSA	Boulder	1.11
Rating Area 2	Colorado Springs MSA	El Paso, Teller	0.86
Rating Area 3	Denver MSA	Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, Park	0.97
Rating Area 4	Fort Collins MSA	Larimer	1.21
Rating Area 5	Mesa MSA	Mesa	0.86
Rating Area 6	Greeley MSA	Weld	1.16
Rating Area 7	Pueblo MSA	Pueblo	1.11
Rating Area 8	East South	Alamosa, Baca, Bent, Chaffee, Cheyenne, Conejos, Costilla, Crowley, Custer, Fremont, Huefano, Kiowa, Kit Carson, Las Animas, Lincoln, Mineral, Otero, Prowers, Rio Grande, Saguache	1.06
Rating Area 9	East North	Logan, Morgan, Phillips, Sedgwick, Washington, Yuma	1.36
Rating Area 10	West	Archuleta, Delta, Dolores, Grand, Gunnison, Hinsdale, Jackson, La Plata, Lake Moffat, Montezuma, Montrose, Ouray, Rio Blanco, Routt, San Juan, San Miguel	1.01
Rating Area 11	Resort	Eagle, Garfield, Pitkin, Summit	1.40

PPACA Age Bracket	Age Factor	Tobacco Factor
0 - 20	0.635	1.000
21	1.000	1.000
22	1.000	1.000
23	1.000	1.000
24	1.000	1.000
25	1.004	1.000
26	1.024	1.000
27	1.048	1.000
28	1.087	1.000
29	1.119	1.000
30	1.135	1.000
31	1.159	1.000
32	1.183	1.000
33	1.198	1.000
34	1.214	1.000
35	1.222	1.000
36	1.230	1.000
37	1.238	1.000
38	1.246	1.000
39	1.262	1.000
40	1.278	1.000
41	1.302	1.000
42	1.325	1.000
43	1.357	1.000
44	1.397	1.000
45	1.444	1.000
46	1.500	1.000
47	1.563	1.000
48	1.635	1.000
49	1.706	1.000
50	1.786	1.000
51	1.865	1.000
52	1.952	1.000
53	2.040	1.000
54	2.135	1.000
55	2.230	1.000
56	2.333	1.000
57	2.437	1.000
58	2.548	1.000
59	2.603	1.000
60	2.714	1.000
61	2.810	1.000
62	2.873	1.000
63	2.952	1.000
64+	3.000	1.000

Family Rate Cap: No more than three covered children under the age of 21 will be taken into account in determining the family premium.

Plan Name	Plan ID	Plan Factor
Rocky Mountain Summit HMO Gold - Deductible \$500/80%/Copay \$35 (w/Child Dental)	97879CO0080001	0.835
Rocky Mountain Summit HMO Gold - Deductible \$650/80%/Copay \$35 (w/Child Dental)	97879CO0080002	0.811
Rocky Mountain Summit HMO Gold - Deductible \$500/80%/Copay \$35	97879CO0080003	0.821
Rocky Mountain Summit HMO Gold - Deductible \$650/80%/Copay \$35	97879CO0080004	0.797
Rocky Mountain Summit HMO Silver - Deductible \$1500/70%/Copay \$35 (w/Child Dental)	97879CO0090001	0.692
Rocky Mountain Summit HMO Silver - Deductible \$2000/70% Copay \$45 (w/Child Dental)	97879CO0090002	0.675
Rocky Mountain Summit HMO Silver - Deductible \$2000/70%/Copay \$40 (w/Child Dental)	97879CO0090003	0.680
Rocky Mountain Summit HMO Silver - Deductible \$1500/70%/Copay \$35	97879CO0090004	0.680
Rocky Mountain Summit HMO Silver - Deductible \$2000/70%/Copay \$45	97879CO0090005	0.664
Rocky Mountain Summit HMO Silver - Deductible \$2000/70%/Copay \$40	97879CO0090006	0.669
Rocky Mountain Summit HMO Bronze - Deductible \$4500/60%/Copay \$50 (w/Child Dental)	97879CO0100001	0.579
Rocky Mountain Summit HMO Bronze HSA - Deductible \$3250/70%/Copay \$45 (w/Child Dental)	97879CO0100002	0.603
Rocky Mountain Summit HMO Bronze - Deductible \$4500/60%/Copay \$50	97879CO0100003	0.569
Rocky Mountain Summit HMO Bronze HSA - Deductible \$3250/70%/Copay \$45	97879CO0100004	0.592
New West Focus HMO Gold - Deductible \$500/80%/Copay \$35 (w/Child Dental)	97879CO0130001	0.752
New West Focus HMO Silver - Deductible \$1500/70%/Copay \$35 (w/Child Dental)	97879CO0130002	0.623
New West Focus HMO Silver - Deductible \$2000/70%/Copay \$45 (w/Child Dental)	97879CO0130003	0.608
New West Focus HMO Bronze HSA - Deductible \$3250/70%/Copay \$45 (w/Child Dental)	97879CO0130004	0.543
New West Focus HMO Gold - Deductible \$500/80%/Copay \$35	97879CO0130006	0.739
New West Focus HMO Silver - Deductible \$1500/70%/Copay \$35	97879CO0130007	0.612
New West Focus HMO Silver - Deductible \$2000/70%/Copay \$45	97879CO0130008	0.598
New West Focus HMO Bronze HSA - Deductible \$3250/70%/Copay \$45	97879CO0130009	0.533
Colorado Springs Health Partners HMO Gold - Deductible \$500/80%/Copay \$35 (w/Child Dental)	97879CO0140001	0.793
Colorado Springs Health Partners HMO Silver - Deductible \$1500/70%/Copay \$35 (w/Child Dental)	97879CO0140002	0.657
Colorado Springs Health Partners HMO Silver - Deductible \$2000/70%/Copay \$45 (w/Child Dental)	97879CO0140003	0.641
Colorado Springs Health Partners HMO Bronze HSA - Deductible \$3250/70%/Copay \$45 (w/Child Dental)	97879CO0140004	0.573
Colorado Springs Health Partners HMO Gold - Deductible \$500/80%/Copay \$35	97879CO0140006	0.780
Colorado Springs Health Partners HMO Silver - Deductible \$1500/70%/Copay \$35	97879CO0140007	0.646
Colorado Springs Health Partners HMO Silver - Deductible \$2000/70%/Copay \$45	97879CO0140008	0.631
Colorado Springs Health Partners HMO Bronze HSA - Deductible \$3250/70%/Copay \$45	97879CO0140010	0.562

ACTUARIAL MEMORANDUM AND CERTIFICATION

Re: Rocky Mountain HMO
2014 Small Group Plan Rates

Date: May 3, 2013

General Information

Company Identifying Information

- Company Legal Name: Rocky Mountain HMO
- State: Colorado
- HIOS Issuer ID: 97879
- Market: Small Group
- Effective Date: January 1, 2014

Company Contact Information

- Primary Contact Name: Barry Barak
- Primary Contact Telephone Number: 970-244-7978
- Primary Contact Email Address: Barry.Barak@rmhp.org

Proposed Rate Increase(s)

This filing is for new QHP products that will be sold through the Colorado Exchange as well as in the small group market outside the Exchange. This is not a rate increase.

No experience period claims are provided in the Unified Rate Review Template (URRT), since this is not a rate increase. The URRT would not accept a PMPM of zero for the experience period claims, so we entered placeholder utilization and unit costs in the prescription drug line to create a PMPM of \$1.00 so that the URRT would function properly.

Credibility Manual Rate Development

Source and Appropriateness of Experience Data Used

The allowed claims experience of Rocky Mountain HMO's existing small group grandfathered and non-grandfathered business was used as a starting point for the development of the new 2014 products. The combined experience was utilized to maximize the credibility of the experience. Adjustments were made for demographics, morbidity, geographic area, benefits, and trend. Rocky Mountain HMO's small group product line 2012 data included \$60.4 million in allowed claims and approximately 157,000 member months.

Adjustments Made to the Data

The proposed 2014 rates were impacted by the following factors:

- There are many new benefits that must be covered, such as pediatric vision, pediatric dental, women's wellness, and habilitative benefits. These changes all added significant cost to the new plan designs.
- Annual increases in the cost of health care are expected to continue, since there are no inherent cost controls in the new plan designs.
- New fees and taxes include the following:
 - An Exchange fee of 1.4% plus \$1.80 PMPM
 - A health insurance provider fee
 - A charge for risk adjustment and data collection
 - The patient-centered outcomes research tax
 - The \$5.25 PMPM transitional reinsurance contribution

The following bullets describe the development of the 2014 small group rates. The numbers shown below do not coincide with the numbers in the URRT, since we did not develop the rates in the way demonstrated in the URRT. The development of the numbers in the URRT is described later in this memorandum.

We made the following adjustments to the 2012 allowed claims for the existing small group business in the development of the 2014 allowed claim estimates.

- We first developed an allowed 2012 PMPM for each category of service: Inpatient, Outpatient, Professional, Other, Capitation and Pharmacy. The experience contained a mix of pharmacy plan types, but only those plans covering generic and brand drugs were included in the development and were adjusted for rebates.
- Using the current member distribution by age, we calculated the average age factor using the mandated 2014 age factors. The average age factor was 1.483.
- Using the current member family size, we calculated an adjustment factor to recognize the 2014 cap on the number of child rates. The adjustment factor was 0.988.
- New geographic factors were created for the eleven new rating regions defined by the State of Colorado. The combined individual and small group experience of the affiliated companies Rocky Mountain HMO and Rocky Mountain Health Care Options was used to develop the cost difference by rating region. The experience of the two companies was combined to increase the credibility of experience in each region and was appropriate due to the minimal differential in provider contracting between the two companies. The average factor for the sample population was 0.936.
- We then normalized the allowed claim experience to a factor of 1.00, which would be that for a member aged 21-24, by dividing by the three prior factors.
- We evaluated the cost impact of new essential health benefits, which included the following:
 - Pediatric vision
 - Pediatric dental
 - Women's wellness benefits
 - Habilitative care

We estimated that these new benefits would add \$13.77 PMPM to the allowed claims.

- We then trended the claim costs to 2014, using a 7.8% trend factor for 24 months. The 7.8% trend was developed from historical claim experience and adjusted for historical changes in demographics and mix of business.

We further adjusted the claim costs to a market-wide gross premium rate by making the following additional adjustments.

- We adjusted for expected commercial reinsurance recoveries. The company will also have a traditional reinsurance policy for this line of business with an attachment point of \$800,000 in 2014. We reduced allowed claims by 0.1% for expected recoveries from this policy.
- We added non-claim expense items for fixed costs, administration, taxes and fees. The expenses are described later in this memorandum.
- The final 2014 gross premium index rate (using our definition as the single market-wide premium rate that all factors are applied to) is \$470.35. Quarterly renewal index rates were developed using the assumed annual trend factor of 7.8% applied quarterly. All other factors for plan design, age, geographic location, and tobacco use are applied against this gross premium rate to arrive at the rates for each individual member. This is explained further later in this memorandum.

Paid to Allowed Ratio: Development of Plan Values

Rocky Mountain HMO will offer five products in the small group market. Within each product, the company will offer plan designs with varying coverage of Pediatric Dental and network availability. The products will be sold inside and/or outside the Exchange with the same rates as indicated in the URRT.

The plan factors are shown in attached URRT. These plan factors were developed from a proprietary plan value model which uses the company's own utilization and unit costs for all components of health services. The model applies applicable plan deductibles, coinsurance, out of pocket maximums, and copays to determine the total combined value of all components of cost sharing, and compares the remaining plan cost to the total cost of care to arrive at the plan value that is used in pricing each particular plan design. The plan factors are the paid to allowed ratios for each plan.

Risk Adjustment and Reinsurance

We did not assume any risk adjustment transfers in the pricing. Any assumptions we might make about the risk profile of the population that will be insured by Rocky Mountain HMO in 2014 would be purely speculative. We have no reason to believe that Rocky Mountain HMO will attract members with either higher or lower than average risk. Thus, assuming a risk adjustment transfer did not seem appropriate.

The small group market will not receive reinsurance payments from the transitional reinsurance program but will make reinsurance contributions. The reinsurance contribution was assumed to be \$5.25 per member per month and was added as a fixed cost in the calculation of the gross premium index rate.

Non-Benefit Expenses, Profit and Risk

Administrative Expense Load

The administrative expense load includes 17.3% for general administration, claims adjustment and commissions. This is slightly more than the general administrative expenses and claims adjustment expenses shown in the company's 2011 annual statement, the additional cost is driven by new expenses related to operating costs specific to the exchange.

Profit and Risk Margin

The rate development assumes 3.0% for margin and contingencies, which includes both profit and risk margin.

Taxes and Fees

The taxes and fees that have been included in the development of the gross premium index rate are as follows:

Item	Estimated % of Premium
Health Insurance Provider Tax	0.77%
Exchange Fee	1.80%
Patient Centered Outcomes Research Tax	0.04%
Risk Adjustment and Data Collection	0.02%
Transitional Reinsurance Contribution	1.16%
Total	3.78%

Projected Loss Ratio

The projected loss ratio using the federally prescribed MLR methodology is demonstrated below.

Numerator

Incurred claims	\$348.60
Transitional reinsurance receipts	\$0.00
Risk corridors and risk adjustment payments	\$0.00
Risk corridors and risk adjustment related receipts	\$0.00
	<u>\$348.60</u>

Denominator

Earned premiums	\$459.10
Federal and state taxes, assessments and community benefit expenditures	(\$9.18)
Licensing and regulatory fees, incl transitional reins contribs	<u>(\$17.37)</u>
	\$432.54

MLR	80.6%
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Allowed Claim Index Rate

The Part I Unified Rate Review template does not demonstrate the process we used to develop the rates. Rather, it represents information required by Federal regulation to be provided for certification of qualified health plans for Federally Facilitated Exchanges and for certification that the index rate is developed in accordance with Federal regulation and is used consistently and only adjusted by the allowable modifiers.

The index rate is defined in the URRT as allowed claims PMPM for essential health benefits. We did not calculate the rates with this starting point. We built the rates for the small group market using the methodology described earlier in this memorandum to arrive at a gross premium index rate to which all factors could be applied to arrive at the rates for each plan and each member. We developed plan value factors (also described earlier in this memorandum) and calculated the claim and premium estimates for each plan. We then developed an estimate of projected enrollment in each plan to arrive at average cost sharing, incurred claims, and premium across the small group single risk pool.

For all other plans, we assumed an average age factor of 1.483. We assumed an equal distribution of members across all eleven of the geographic areas, with an average factor of 0.936. The average tobacco factor allowed by the State of Colorado for individual plans is 1.15. Due to the template limitations on varying the tobacco factor by age for 2014, the plan will use a factor of 1.000 for 2014. We did not make any adjustments for morbidity in the Catastrophic plan, assuming that morbidity is adequately reflected in the age factors for the ages that are allowed to purchase that plan.

The average rate for each of the plans was developed by multiplying the gross premium index rate times the plan factor times the average age factor times the average geographic factor times the average tobacco factor for each plan. The average rate shown in the URRT is \$459.10.

With this approach, we were able to “work backwards” to develop the allowed claim index rate by removing the administrative, profit, fee, and tax loadings, adding back the reinsurance payments, and adding back the member cost sharing. This is demonstrated in the following table.

Item	PMPM
Average Premium Rate	\$459.10
Subtract Loadings for Admin, Profit, Fees, Taxes	(\$110.50)
	\$348.60
Add Net Reinsurance	\$0.00
	\$348.60
Add Member Cost Share	\$161.23
Allowed Claim Index Rate	\$509.83

AV Metal Values

The AV Metal Values included in Worksheet 2 of the Part I Unified Rate Review template were based entirely on the AV Calculator.

AV Pricing Values

The fixed reference plan used as the basis for the AV Pricing Values is a plan that pays 100% of all essential health benefits. The plan factors were developed from a proprietary plan value model which uses the company's own utilization and unit costs for all components of health services. The model applies plan deductibles, coinsurance, out of pocket maximums, and copays to determine the total combined value of all components of cost sharing, and compares the remaining plan cost to the total cost of care to arrive at the plan value that is used in pricing each particular plan design.

Membership Projections

We projected 2014 enrollment in the plans by reviewing the enrollment pattern in existing plans and assuming that current members will purchase a plan with similar value to the plan they are currently enrolled in. We assumed that the company's small group enrollment will increase by 18.5% from its current level. This is based on the Society of Actuaries study *Cost of the Future Newly Insured under the Affordable Care Act (ACA), February 2013* that projected the potential growth of the small group market in 2014. We are projecting that 23.2% of the members will purchase the product with pediatric dental. We assumed that all of the new entrants to the market will purchase plans in the same proportion as the current distribution. The quarterly distribution was based on the renewal distribution of the existing plans. Based on these assumptions, our 2014 enrollment projections are shown in the URRT.

Warning Alerts

There are two warning alerts in Worksheet 2, as follows:

- **Line 82, Total Premium.** The difference between the two numbers is \$552, out of a total of \$85.8 million. We assume this to be due to rounding differences. The warning requires an exact match which cannot be achieved unless all rounding protocols are the same. We respectfully suggest that this requirement be changed to allow for small rounding differences.
- **Line 86, Total Allowed Claims.** The difference between the two numbers is approximately the net amount of reinsurance. We understand that the definition for this line says that net reinsurance should be subtracted. However, reinsurance is subtracted again in line 93, so if line 86 is completed as defined, then the lines below will not match and will create warnings. We respectfully suggest that this be corrected with a future version of the URRT.

Actuarial Certification

I, Julie A. Andrews, am associated with the firm of Leif Associates, Inc. I am a member of the American Academy of Actuaries and have been retained by Rocky Mountain HMO, to perform this rate development. I meet the Academy qualification standards for performing this assignment.

The Part I Unified Rate Review template does not demonstrate the process used to develop the rates. Rather, it represents information required by Federal regulation to be provided for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and is used consistently and only adjusted by the allowable modifiers.

I hereby certify that:

- The rates were developed in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)).
- The rates were developed in compliance with the applicable Actuarial Standards of Practice.
- The rates are reasonable in relation to the benefits provided and the population anticipated to be covered.
- Based on information currently available, the rates are believed to be neither excessive nor deficient.
- The index rate and only the allowable modifiers as described in 45 CFR 156.80 (d)(1) and 45 CFR 156.80 (d)(2) were used to generate plan level rates.
- The percent of total premium that represents essential health benefits in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
- The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.



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